

Health Requirements for Detox Retreat

Date: [Insert Date]

Dear [Participant's Name],

Thank you for your interest in our Detox Retreat program. To ensure the safety and well-being of all participants, we require the following health information and recommendations:

Health Questionnaire

- Do you have any pre-existing medical conditions? (e.g., diabetes, heart disease)
- Are you currently taking any medications? Please list.
- Do you have any allergies? Please specify.
- Have you had any recent surgeries or medical treatments?
- Are you pregnant or nursing?

Recommendations

To participate in the detox retreat, we recommend the following:

- Please consult with your healthcare provider prior to the retreat.
- Ensure adequate hydration and follow a balanced diet in the weeks leading up to the retreat.
- Notify us at least [X days] in advance of any significant changes to your health or medication.

Thank you for your cooperation. We look forward to welcoming you to our retreat and assisting you on your wellness journey.

Sincerely,

[Your Name]

[Your Position]

[Retreat Name]

[Contact Information]