

HAIR ANALYSIS – APPLICATION



Personal Details (Strictly Confidential)

Name: _____ M/F (please circle) Tel: _____
Address: _____ Mobile: _____
Postcode: _____ Age: _____ Height: _____
Occupation: _____

First Test Retest (please tick)

How did you find us?

Medication (prescription
only)

Supplements

Medical Conditions

Do you smoke?

Symptoms

Please list the top five symptoms which you are currently suffering from, in order of seriousness.

You can write a full medical history on the reverse of this form if you wish.

- 1
- 2
- 3
- 4
- 5

Hair

Place a minimum of three hairs - anywhere on the body will do - in the space below making sure that the root of the hair is attached. Please DO NOT TAPE OVER THE ROOT.

Medical History – please enclose extra pages if this space is not enough

Credit Card Payment

PAYMENT DETAILS:

VISA

SWITCH

OTHER

CARD NO: _ _ _ _ / _ _ _ _ / _ _ _ _ / _ _ _ _ _

START DATE: _ _ / _ _ EXPIRY DATE: _ _ / _ _ SECURITY CODE: _ _ _ ISSUE NO: _

(LAST 3 DIGITS ON BACK OF CARD ABOVE SIGNATURE)