

# Harvesting Health Naturopathy

## Hair Compatibility Analysis ORDER FORM

Please complete the form below, collect hair sample and post or deliver it to the address below, and advise Leone via email that you have completed the test.

**Via Post:**

Leone Wilson  
8/21 Fortune Street  
COOMERA QLD 4209

Email: harvestinghealth77@gmail.com  
Phone: 0422 220 464

### Hair sample

Please provide a hair sample big enough to cover the shaded area



Place hair sample in Glad Wrap or plastic bag.

#### Personal details (as required on your report)

Name: \_\_\_\_\_ Date of Birth...../...../.....  
Parents Name if child: \_\_\_\_\_ Gender: Male / Female / Prefer not to say  
Address: \_\_\_\_\_  
Suburb: \_\_\_\_\_ State: \_\_\_\_\_ Postcode/Zip: \_\_\_\_\_ Country: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

Payment details \$247 (including GST) for 1 Hair Analysis

Secure Payment can be made via  
The ONLINE STORE using your  
Credit Card.

If you prefer not to submit your credit card details, please make an electronic transfer to

BSB: 064-471  
Account: 10078635  
Reference: Your Surname

Please list your symptoms (maximum of 10 only);

- |   |   |  |  |
|---|---|--|--|
| <input type="checkbox"/> Acne / rosacea     | <input type="checkbox"/> Diarrhoea          | <input type="checkbox"/> Gout                | <input type="checkbox"/> Psoriasis         |
| <input type="checkbox"/> ADD/HD-behavioural | <input type="checkbox"/> Digestive / nausea | <input type="checkbox"/> Headache            | <input type="checkbox"/> Rashes/itchy skin |
| <input type="checkbox"/> Arthritis          | <input type="checkbox"/> Earache            | <input type="checkbox"/> Hives               | <input type="checkbox"/> Reflux            |
| <input type="checkbox"/> Asthma             | <input type="checkbox"/> Excess mucus       | <input type="checkbox"/> Irritable bowel     | <input type="checkbox"/> Restless legs     |
| <input type="checkbox"/> Bad breath         | <input type="checkbox"/> Eye infections     | <input type="checkbox"/> Migraine /headache  | <input type="checkbox"/> Sinus/hayfever    |
| <input type="checkbox"/> Bloating           | <input type="checkbox"/> Fatigue            | <input type="checkbox"/> Muscle ache & pains | <input type="checkbox"/> Sleep disorders   |
| <input type="checkbox"/> Constipation       | <input type="checkbox"/> Flatulence         | <input type="checkbox"/> Pre Menstrual Symp. | <input type="checkbox"/> Thrush            |

Other .....

Thankyou for completing this form. Upon receipt we will process your Hair Analysis and notify you regarding booking a short consultation to discuss the findings.