



## Allergy Testing Order Form

Simply send us a small clump of your hair; enough to cover this shaded area -

### YOU RECEIVE

- Test Results, full instructions and general information for your 6 month Wellness programme.
- Bio-Compatibility testing for 400+ local foods and household products.

### TEST TODAY AND START GETTING WELL

Hair sample must be placed in a Plastic Bag or Glad Wrap

Please complete the following:

#### LIST YOUR SYMPTOMS

- |   |   |  |  |
|---|---|--|--|
| <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/Migraine   | <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 Mucous      | <input type="checkbox"/> Irritable Bowel     | <input type="checkbox"/> Restless Legs     |
| <input type="checkbox"/> Bad Breath         | <input type="checkbox"/> Eye Infections     | <input type="checkbox"/> Muscle Ache & Pains | <input type="checkbox"/> Sinus/Hay fever   |
| <input type="checkbox"/> Bloating           | <input type="checkbox"/> Fatigue            | <input type="checkbox"/> Persistent Cough    | <input type="checkbox"/> Sleep Disorders   |
| <input type="checkbox"/> Constipation       | <input type="checkbox"/> Flatulence         | <input type="checkbox"/> PMS                 | <input type="checkbox"/> Thrush            |
| <input type="checkbox"/> Other: _____       |   |  |  |

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Sex: M  F

Surname: \_\_\_\_\_ Given Name(s): \_\_\_\_\_

Address: \_\_\_\_\_ Post Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_ Email: \_\_\_\_\_

### Payment Details

*(Please fill out the details below and select required test and send with your hair sample)*

Money order, credit card or cheque is acceptable.

Please make cheques or money order payable to: **Corporate Health Solutions Pty Ltd.**

Credit Card details: **Mastercard**  **VISA**  Expiry Date: \_\_\_\_/\_\_\_\_

Card Number:

Name on card: \_\_\_\_\_

Signature: \_\_\_\_\_

Amount Payable: \$ \_\_\_\_\_ .00

Test	Price	Tick (✓)
Standard List (400+ items)	\$250.00	<input type="checkbox"/>
Baby List (463+ items)	\$260.00	<input type="checkbox"/>
Indian Food List	\$127.00	<input type="checkbox"/>
Animal List	\$167.00	<input type="checkbox"/>
<b>ORDER TOTAL</b>	<b>\$</b>	<input type="checkbox"/>

Do you wish to receive our e-newsletter? **Yes**  **No**

How did you hear about us:

**Newsletter**  **Website**  **Referral**

**Other:** \_\_\_\_\_

Send completed form and sample to:

**Gary Sear Naturopath • Living Edge Health**  
52-62 Naylor Drive, Tamborine QLD 4270