Gary Sear
NATUROPATH NUTRITIONIST
Change your life...

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# Heavy Metal Toxicity - Hair Mineral Analysis Order Form

Sample Date: _____ /_____ /_____

PATIENT DETAILS: *(Please print clearly)*

**It is important to fill in all the details as they may offer explanations for abnormal readings**

Surname: _____ Given Name(s): _____

Address: _____ Post Code: _____

Phone: _____ Mobile: _____ Email: _____

Date of Birth: ____ /____ /_____ Sex: M [ ] F [ ] Pregnant: Yes [ ] No [ ]

General Health: _____

Ethnic Background: _____

Occupation: _____

Medication(s) (if any): _____

A minimum of one heaped dessertspoon (or no less than 1g) of hair is required.

PLEASE SEAL HAIR SAMPLE IN PLASTIC BAG OR GLAD WRAP AND ATTACH TO THIS FORM

Hair Sample Location:

- In preparation of taking sample, shampoo hair and rinse thoroughly with water. Preferably do not condition.
- Hair sample should be taken using clean scissors or razor, from the nape of the neck as illustrated to right. For the most accurate analysis cut a sample no longer than 5cm of the newest growth, regardless of length of hair.
- Clean untreated hair is preferable as some chemical treatments can alter trace element readings. Untreated hair can normally be found under covering hair at the nape of the neck.
- Do not mix head hair with any other type of hair. If body hair is used, please seal it separately and mark accordingly.
- Place your sample straight in to a plastic bag or glad wrap and do not wash after cutting.

Location of sample:

Nape [ ] Other [ ] _____

Shampoo Brand: _____

Conditioner Brand: _____

Hair Treatment: Bleached [ ] Dyed [ ] Permed [ ]

Other [ ] _____

Time since last coloured: _____ Date: ___/ ___ /___

Colouring Agent Brand: _____

Colour: _____

## Payment Details *(Please fill out the details below 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 | Qty | Total |
|---|---|---|---|
| Hair Analysis | **$250.00** (inc. GST) | | $ |
| | | **ORDER TOTAL** | |

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