

**RETEST MINERAL ANALYSIS FORM**

DATE \_\_\_\_\_

NAME \_\_\_\_\_ Postal Zip Code \_\_\_\_\_

If International, please also include: City \_\_\_\_\_ Nation \_\_\_\_\_

Please answer the questions below to help us set up your new program:

1. On a scale of 0-5, how closely have you been following your program? 0=not at all 5=perfectly

Diet\_\_\_ Supplements\_\_\_ Water\_\_\_ Lifestyle\_\_\_ Rest\_\_\_ Saunas or heat lamp\_\_\_ Spinal  
Twist\_\_\_ Foot Rubs\_\_\_ Coffee Enemas\_\_\_ Roy Exercise\_\_\_ Skin Brushing\_\_\_

2. What is your current diet? (Please don't fudge on this – I know it can be embarrassing):

**Breakfast:**

**Beverages:**

**Lunch:**

**Beverages:**

**Supper:**

**Beverages:**

3. Describe changes you have noticed in your symptoms over the past several months.

4. Do you have any questions about your supplements, diet program, sauna therapy or coffee enemas?

5. Do you have any questions about emotional aspects, meditation or lifestyle challenges?

6. Are there other concerns you would like us to address when updating your healing program?

RETEST PRICE includes your hair analysis, your consultation explaining your new mineral analysis and nutritional balancing program, and it includes brief follow up phone calls or emails. Payment can be by check, money order in US dollars, or send credit card information, including expiration date and the 3 or 4-digit security code. Disclaimer: Nutritional balancing is a means to reduce stress and is not intended as diagnosis, treatment or prescription for any condition or disease. (DR. OR CONSULTANT ADD PROFESSIONAL QUALIFICATION)

**SYMPTOMS FORM**

**NAME** \_\_\_\_\_

**Directions: CIRCLE any conditions that presently describe you.  
Put a STAR next to the most important symptoms**

Joint Pain	Acne	Sinus Headaches
Joint Stiffness	Eczema	Tension Headaches
Arthritis, Osteo	Fungal Infections/Candida	Migraine Headaches
Arthritis, Rheumatoid	Psoriasis	Neuritis
Muscle Pain	Hives	
Muscle Weakness	Hair Loss	Constipation
Muscle Cramps	Slow Wound Healing	Diarrhea
Bursitis	Cataracts	Intestinal Gas
Fractures	Glaucoma	Bloating
Osteoporosis	Meniere's Disease	Heartburn
Gout	Tooth Decay	Ulcer
	Excessive Plaque on Teeth	Stomach Pain
Sweet Cravings	Gum Disease	Colitis
Sugar Reactions		Gall Stones
Irritable before meals	Get Infections Easily	Fissures
Can't Skip Meals	Epstein-Barr Virus	Hemorrhoids
Hypoglycemia	Tumors/Cancer	Cirrhosis
Crave Starches	Multiple Sclerosis	Diverticulitis
Fat Cravings	Parkinson's Disease	Tend to Gain Weight
Other Food Cravings	Scleroderma	Tend to Lose Weight
Food Allergies	Anger	
Excessive hunger	Anxiety	Anemia
No hunger	Bipolar Disorder	Easy Bruising
	Brain Fog	
Diabetes	Confusion	Abuse
Rapid Heart Rate		Drug Addiction
Skipped Heart Beats	Depression	Alcoholism
Heart Palpitations	Irritability	Smoking
Heart Attack	Mind Races	
Poor Circulation	Mood Swings	<b>WOMEN:</b>
Dizziness	Obsessive/Compulsive	Premenstrual Syndrome
Low Blood Pressure	Panic Attacks	Water Retention
High Blood Pressure	Poor Memory	Cramps
Angina	Suicidal thoughts	No Menstruation
Arteriosclerosis	Schizophrenia	Heavy periods
High Cholesterol_____	Trouble Sleeping	Light Periods
High Triglycerides_____	Autism	Irregular Periods
	Attention Deficit	Ovarian Cysts
Cough	Hyperkinesis	Fibroid Tumors
Bronchitis	Dyslexia	Abnormal Pap Smear
Asthma	Seizures	Menopause
Post-nasal Drip	Learning Disability	Fibrocystic Breasts
Sinus Congestion	Mental Retardation	Breast Tumors

Allergies  
Emphysema

Fatigue  
Hypothyroidism  
Low Body Temperature  
Cold in Winter/Dry Skin  
Tend to Gain Weight  
Hyperthyroidism

Eye  
conditions\_\_\_\_\_

Delayed Development

Bladder Infections  
Kidney Infections  
Trouble Urinating  
Frequent Urination  
Painful Urination  
Kidney Stones  
Water Retention  
Painful Urination  
Kidney Stones  
Water Retention

Yeast Infections  
Hot Flashes

**MEN:**  
Prostate Problems  
Impotence  
Infertility

**Other Symptoms or Comments:**

