Date _____ ***RETEST MINERAL ANALYSIS FORM***

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 you 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?

The retest fee is $. This 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.

Name _____ SYMPTOM SHEET

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

Joint Pain
Joint Stiffness
Arthritis, Osteo
Arthritis, Rheumatoid
Muscle Pain
Muscle Weakness
Muscle Cramps
Bursitis
Fractures
Osteoporosis
Gout

Sweet Cravings
Sugar Reactions
Irritable before meals
Can't Skip Meals
Hypoglycemia
Crave Starches
Fat Cravings
Other Food Cravings
Food Allergies
Excessive hunger
No hunger

Diabetes
Rapid Heart Rate
Skipped Heart Beats
Heart Palpitations
Heart Attack
Poor Circulation
Dizziness
Low Blood Pressure
High Blood Pressure
Angina
Arteriosclerosis
High Cholesterol_____
High Triglycerides____

Cough
Bronchitis
Asthma
Post-nasal Drip
Sinus Congestion
Allergies
Emphysema

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

Eye conditions_____

Acne
Eczema
Fungal Infections/Candida
Psoriasis
Hives
Hair Loss
Slow Wound Healing
Cataracts
Glaucoma
Meniere's Disease
Tooth Decay
Excessive Plaque on Teeth
Gum Disease

Get Infections Easily
Epstein-Barr Virus
Tumors/Cancer
Multiple Sclerosis
Parkinson's Disease
Scleroderma
Anger
Anxiety
Bipolar Disorder
Brain Fog
Confusion

Depression
Irritability
Mind Races
Mood Swings
Obsessive/Compulsive
Panic Attacks
Poor Memory
Suicidal thoughts
Schizophrenia
Trouble Sleeping
Autism
Attention Deficit
Hyperkinesis
Dyslexia
Seizures
Learning Disability
Mental Retardation
Delayed Development

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

Sinus Headaches
Tension Headaches
Migraine Headaches
Neuritis

Constipation
Diarrhea
Intestinal Gas
Bloating
Heartburn
Ulcer
Stomach Pain
Colitis
Gall Stones
Fissures
Hemorrhoids
Cirrhosis
Diverticulitis
Tend to Gain Weight
Tend to Lose Weight

Anemia
Easy Bruising

Abuse
Drug Addiction
Alcoholism
Smoking

WOMEN:
Premenstrual Syndrome
Water Retention
Cramps
No Menstruation
Heavy periods
Light Periods
Irregular Periods
Ovarian Cysts
Fibroid Tumors
Abnormal Pap Smear
Menopause
Fibrocystic Breasts
Breast Tumors
Yeast Infections
Hot Flashes

MEN:
Prostate Problems
Impotence
Infertility

Other Symptoms or Comments: