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Date: \_\_\_\_\_

**RETEST MINERAL ANALYSIS FORM**

Name: \_\_\_\_\_ Age \_\_\_\_\_ Postal Zip Code: \_\_\_\_\_

**International client:** City \_\_\_\_\_ State/Prov. \_\_\_\_\_ 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 \_\_\_ Pushing Down 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?

**I wish to have my program sent by \_\_\_ email \_\_\_ regular mail** (Outside the US all programs are emailed). If you would like mail and email please add an extra \$25.00 for both. Please give either your **email address** or **mailing address** you wish the program to be sent to: \_\_\_\_\_

The fee for a retest is \$115.00. Payment can be made by personal check (written out to Heather Kneale). PayPal is also available on my website at [www.rainbowsandbutterflies.net](http://www.rainbowsandbutterflies.net).

**Cutting Hair sample:** If you have a water softener at your home, please wash hair four times with distilled or reverse osmosis water before taking sample. Please use back of this paper to write any other information you would like to include.

Name \_\_\_\_\_ **SYMPTOMS SHEET CIRCLE any conditions or symptoms that presently describe you. PLACE A STAR next to the symptoms most important to you.**

Joint Pain	Hyperthyroidism	Water Retention
Joint Stiffness	Acne	Kidney Stones
Arthritis, Osteo	Eczema	Water Retention
Arthritis, Rheumatoid	Fungal Infections/Candida	Sinus Headaches
Muscle Pain	Psoriasis	Tension Headaches
Muscle Weakness	Hives	Migraine Headaches
Muscle Cramps	Hair Loss	Neuritis
Bursitis	Slow Wound Healing	Eye diseases
Fractures	Cataracts	Constipation
Osteoporosis	Glaucoma	Diarrhea
Gout	Meniere's Disease	Intestinal Gas
Sweet Cravings	Tooth Decay	Bloating
Sugar Reactions	Excessive Plaque on Teeth	Heartburn
Irritable before meals	Gum Disease	Ulcer
Can't Skip Meals	Infections/Viruses	Stomach Pain
Hypoglycemia	Tumors/Cancer	Colitis
Crave Starches	Multiple Sclerosis	Gall Stones
Fat Cravings	Parkinson's Disease	Fissures
Other Food Cravings	Scleroderma	Hemorrhoids
Food Allergies	Anger	Cirrhosis
Excessive hunger	Anxiety	Diverticulitis
No hunger	Bipolar Disorder	Tend to Gain Weight
Diabetes	Brain Fog	Tend to Lose Weight
Rapid Heart Rate	Confusion	Anemia
Skipped Heart Beats	Depression	Easy Bruising
Heart Palpitations	Irritability	Drug Addiction
Heart Attack	Mind Races	Alcoholism
Poor Circulation	Mood Swings	Smoking
Dizziness	Obsessive/Compulsive	WOMEN:
Low Blood Pressure	Panic Attacks	Premenstrual Syndrome
High Blood Pressure	Poor Memory	Water Retention
Angina	Schizophrenia	Cramps
Arteriosclerosis	Trouble Sleeping	No Menstruation
High Cholesterol _____	Autism	Heavy periods
High Triglycerides _____	Attention Deficit	Light/Irregular Periods
Cough	Hyperkinesis	Ovarian Cysts
Bronchitis	Dyslexia	Fibroid Tumors
Asthma	Seizures	Abnormal Pap Smear
Post-nasal Drip	Learning Disability	Menopause
Sinus Congestion	Mental Retardation	Fibrocystic Breasts
Allergies	Delayed Development	Breast Tumors
Emphysema	Bladder Infections	Yeast Infections
Fatigue	Kidney Infections	Hot Flashes
Hypothyroidism	Trouble Urinating	MEN:
Low Body Temperature	Frequent Urination	Prostate Problems
Cold in Winter/Dry Skin	Painful Urination	Impotence
Tend to Gain Weight	Kidney Stones	Infertility