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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.

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 |