

Initial Hair Analysis Form

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Name _____ Age _____ Sex: M F Date _____

Address _____

City _____ State/Prov. _____ Zip _____

Home Phone _____ Business Phone _____

E-Mail Address _____ Height _____ Weight _____

Occupation _____ How were you referred? _____

What are your main health concerns or conditions? _____

Please list any medications or food supplements you are currently taking:

Please list any recent medical tests results you have, such as blood tests:

Please list illnesses in your family such as heart disease, cancer, TB, diabetes or arthritis. _____

DIET: What are examples of typical breakfasts for you? Beverages

_____ | _____
_____ | _____

Mid-morning Snacks _____ | _____

What are typical lunches for you? Beverages

_____ | _____
_____ | _____

Mid-afternoon Snacks _____ | _____

What are typical dinners for you? Beverages

_____ | _____
_____ | _____

Evening Snacks _____ | _____

How often and what kind of exercise do you do? _____

About how many hours of sleep do you get per day? _____

Please check one:

I want to review my hair analysis results and healing program with you on the phone (about 1 hour)

Please email an audio (mp3) reviewing my hair analysis results and healing program

All hair test programs are emailed. If you would like your program mailed, please include an extra \$25.00.

*Heather Kneale has a doctorate in Naturopathy and works as an unlicensed practitioner.

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

Other Symptoms or Comments (use back of sheet if needed):

Client Waiver form

My purpose is to provide clients with progressive health based on their individual nutritional needs. I use a whole body approach that includes food guidelines, nutrient supplements, detoxification protocols, and lifestyle improvements that are based on your Hair Tissue Mineral Analysis (HTMA) results.

Waiver

1. I understand that Heather Kneale has her doctorates in Naturopathy but works as an unlicensed practitioner. She also has a non-medical PhD in Metaphysical science.
2. Heather Kneale is not a licensed physician.
3. The services to be provided are not licensed by the state.
4. None of the services provided by Heather Kneale are intended as diagnosis, prevention, treatment or prescription for any condition or disease.
5. I understand Heather Kneale does not practice medicine or provide medical diagnosis, care, or treatment. The education provided by Heather is for improving health through body cleansing and maintaining superior health through quality nutritional and lifestyle practices.
6. I understand that nutrition is not an exact science. I acknowledge that no claims or guarantees have been made to me regarding my health as a result of my using the disciplines taught by Heather Kneale.
7. I accept full responsibility for applying advice I obtain from Heather Kneale.
8. I understand Heather Kneale is not permitted to render medical opinions, diagnose illness or prescribe medical treatment.
9. I understand that mineral balancing is a means to reduce stress and balance body Chemistry. It is not intended as diagnosis, treatment or prescription for any condition or disease.

I have read and understand the foregoing waiver. As a client, I recognize that nutrition is a foundation to achieving better health and Heather's services are one of the modalities available to help support my body nutritionally.

Client's Name Printed

Signature

Date