

# Client information sheet

(All information confidential)

Please include this form with your hair sample, any medication samples and cheque (unless you have paid through PayPal) and send it to: **Gitti Coats and Lise Matthews, c/o The Ark Healing Centre, 11 Quay Street, Haverfordwest, Pembrokeshire SA61 1BG, United Kingdom** – and receive your full report with explanation of symptoms and health imbalances, recommended treatments and prescription.

Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_ Mobile \_\_\_\_\_

Email \_\_\_\_\_ Occupation \_\_\_\_\_

Date of birth \_\_\_\_\_ Approx. weight \_\_\_\_\_

Where did you hear about hairtest4health.co.uk? \_\_\_\_\_

Hair test required:  adult  child  express  medication tolerance

Are you an existing customer  yes  no

I wish to receive my hair test results via:  post  email

*(Express test: We will ring you with the results when you have ordered an express test.)*

I wish to pay via  PayPal online  cheque (enclosed)

*Please list the following information as clearly and fully as possible. Please use capital letters.*

1. Main health issues and problems now: \_\_\_\_\_

\_\_\_\_\_

2. Occupation, main pass times, environment you spend a lot of time in: \_\_\_\_\_

\_\_\_\_\_

3. Background to your health, past illnesses or operations, and perhaps treatments that have or have not helped:

\_\_\_\_\_

\_\_\_\_\_

4. Your thoughts on possible factors to your health problems. Many people have valuable 'hunches':

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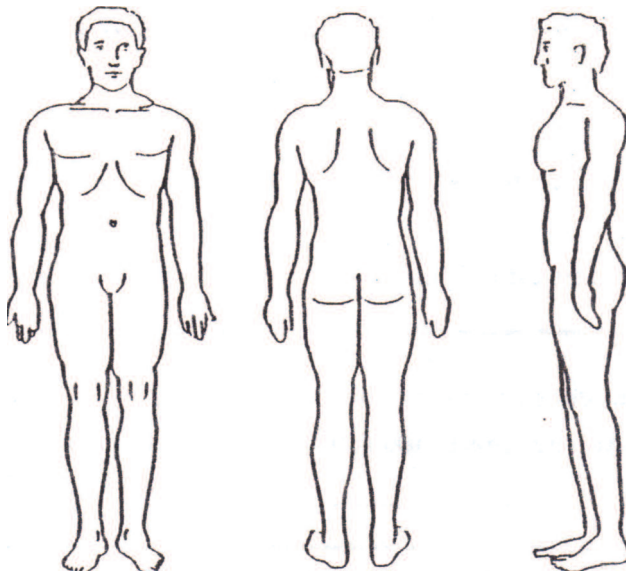
5. Medication and supplements. Please list the sort of medication you are on, e.g. antidepressant, antispasmodic, water tablet, antihistamine - and if you find it effective or not. Also it would help to include a sample (e.g. tablet) of each sort, including natural supplements. We will test for effectiveness, tolerance and make sure they are compatible with any remedies we may recommend for you.

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If relevant, please indicate on the diagrams below your main problem area(s):



Signature \_\_\_\_\_ Date \_\_\_\_\_

**Payment:**

*Cheque:* Enclose your cheque with this form and your hair sample. Cheque made payable to Gitti Coats or Lise Matthews.

*PayPal online:* Visit our website [www.hairtest4health.co.uk](http://www.hairtest4health.co.uk) and follow the PayPal link.

See terms and conditions on our website.

**Prices 2009:**

Full hair test, adult	£45.00	Full hair test, child (under the age of 14)	£35.00
Medication tolerance test	£25.00	Express hair test (results within 48 hours)	£55.00
Full hair test, pet/animal	£45.00 (fill in pets hair test form)		

Gift vouchers available (£25, £35 and £45) - please contact us or send payment, telling us where to send the voucher to.

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**E: [contact@hairtest4health.co.uk](mailto:contact@hairtest4health.co.uk)    [www.hairtest4health.co.uk](http://www.hairtest4health.co.uk)    T: 01437 741176    M: 07811 074068**  
Gitti Coats and Lise Matthews, c/o The Ark Healing Centre, 11 Quay Street, Haverfordwest, Pembrokeshire SA61 1BG