

## Hair Analysis Request Form

(Please print clearly)

**PATIENT:**

Surname .....

First Name ..... Mr/Ms/Mrs/Other .....

Address .....

.....

Tel ..... Mob .....

Email .....@.....

DOB ..... Age ..... Male/Female

Height ..... Weight .....

Pregnant Yes/No

Occupation .....

Current Medications .....

.....

.....

Reason for test .....

.....

.....

Main symptoms (current) .....

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.....

**HAIR:**

Date of sample: ...../...../.....

Sample from: scalp/pubic/chest/underarm/other .....

Natural hair colour .....

Hair treatments used: colour/bleach/perm/other .....

Shampoo .....

**Please print and send this form with hair sample and payment to:**

**Wisdom for Health - PO Box 1422 EastVictoria Park Western Australia 6981**