

RETEST MINERAL ANALYSIS FORM

Today's Date _____

Retest hair samples should be short, such as ½ inch to 1 inch in length.

Name _____ Phone Number _____ Age _____ Height _____ Weight _____

Nation (If International) _____ City _____ State: _____ Zip Code _____

*All clients please provide city, state and zip as well as phone number.***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 / heat lamp _____ Spinal Twist _____

Foot Rubs _____ Coffee Enemas _____ Meditation (Pushing) Exercise _____ Skin Brushing _____

2. What is your current diet? (Please don't fudge on this – I know it can be embarrassing.)

*(Please give actual meal examples not "following the fast oxidizer diet" or "following your recommendations")***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?

Please mail the **sample, forms and payment** to **Sheila Dobson, NC 2412 N Bryant Ave #B, Tucson, AZ 85712**. Once I receive these items you should have your program in about 2 weeks.**Nutritional balancing is a means to reduce stress and is not intended as diagnosis, treatment or prescription for any condition, disorder or disease. Sheila Dobson, NC* is a certified practitioner of Nutritional Balancing.**

Name _____ SYMPTOM SHEET

Directions: CIRCLE any conditions that presently describe you. Put a STAR next to the most important symptoms

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