Hair Analysis Order Form

Personal Information:

Name : _____

Address : _____

City : _____ State: _____ Zip Code: _____

Home Phone / Cell number: _____

E-mail address: _____

Gender: M - F Age: _____ Weight: _____ Lbs. / Kg.

Profession: _____

Would you like to receive your results by mail: ____ or e-mail: ____

Please mark the correct option:

Tinted Hair? **YES or NO** Relaxed Hair? **YES or NO** Excessive hair loss? **YES or NO**

Type of Recent Chemical Treatment:

Medical History:

What's your Blood Type? _____

Under medical treatment? **YES or N0**

YES what kind of medication/s are you taking?

Birth Control Pills : **YES** or **NO** are you taking them regularly? : **YES** or **NO**

Heart Disease : **YES** or **NO** Hormones : **YES** or **NO**

Antibiotics : **YES** or **NO** Diabetes : **YES** or **NO**

High Blood Pressure: YES or **NO** Weight Control : **YES** or **NO**

Depression : **YES** or **NO** Vitamins : **YES** or **NO**

HAIR HOLISTIC -881 E. PALMETTO PARK RD, BOCA RATON FL 33432 561-372-5354

HAIR HOLISTIC

Have you ever been treated with Chemotherapy? : **YES** or **NO**

Have you ever been treated with Radiation? : **YES** or **NO**

When the last Dental Anesthesia was administered? : __ / ___/ _____ (MM/DD/YY)

Have you had any surgery?
In the last 24 months? : **YES** or **NO** When? ____ /_____ /_____ (MM/DD/YY)

Have you given birth in the last 6 months? : **YES** or **NO**

Have you had a complete physical exam in the last 6 months? : **YES** or **NO**

Do you exercise outdoors? : **YES** or **NO**

Do you swim regularly? : **YES** or **NO**

Describe any activity or condition which you feel could be affecting your overall health at the moment.

_____
_____
_____
_____
_____

I, _____, authorize GMG & HAIR HOLISTIC to perform a Hair Analysis of my hair. I also understand that all the information provided will be held in strict privacy and will only be released to the undersigned unless I give specific authorization otherwise.
This information will not be used for advertising or marketing purposes.

_____ _____

Signature Date

_____