

Hair Analysis Requisition Form

Healthcare Professional

Date Submitted

Report Language (English or French)*

Name*

FIRST

LAST

Address*

STREET ADDRESS

STATE / PROVINCE / REGION

CITY

ZIP / POSTAL CODE

COUNTRY

Email*

Anonymous Patient Information

Analysis Kit Barcode Number*

Patient Initials (e.g., JC)*

Date of Birth (yyyy-mm-dd)*

Gender at Birth

Country of Residence

Hair Color (Natural)

Ethnic Origin (please check all that apply)*

- ☐ American Indian
- ☐ East Asian (e.g. Chinese, Japanese, Korean)
- ☐ Southeast Asian (e.g. Filipino, Vietnamese, Thai, Cambodian)
- ☐ South Asian (e.g. Indian, Pakistani, Bangladeshi, Sri Lankan, Nepali)
- ☐ Central Asian (e.g. Uzbek, Kazakh, Tajik)
- ☐ Black or African American
- ☐ Hispanic or Latino
- ☐ First Nations

- ☐ Métis
- ☐ Inuit
- ☐ Middle Eastern
- ☐ Native Hawaiian or Other Pacific Islander
- ☐ North or Sub-Saharan African
- ☐ White / Caucasian
- ☐ Other race or ethnicity

Hair Analysis Requisition Form continued...

Diet Preferences (please check all that apply)

- | | | |
|--|---|--------------------------------|
| <input type="checkbox"/> Dairy | <input type="checkbox"/> Sushi and/or sashimi | <input type="checkbox"/> Other |
| <input type="checkbox"/> Gluten Free | <input type="checkbox"/> Vegetarian | |
| <input type="checkbox"/> Keto | <input type="checkbox"/> Vegan | |
| <input type="checkbox"/> Mediterranean | <input type="checkbox"/> Western European | |
| <input type="checkbox"/> Paleo | | |
| <input type="checkbox"/> Red Meat | | |

List of Supplements (please check all that apply)

- | | | |
|--------------------------------------|--|--------------------------------|
| <input type="checkbox"/> Calcium | <input type="checkbox"/> Potassium | <input type="checkbox"/> Other |
| <input type="checkbox"/> Chromium | <input type="checkbox"/> Selenium | |
| <input type="checkbox"/> Cobalt | <input type="checkbox"/> Sulfur | |
| <input type="checkbox"/> Copper | <input type="checkbox"/> Vanadium | |
| <input type="checkbox"/> Iron | <input type="checkbox"/> Zinc | |
| <input type="checkbox"/> Magnesium | <input type="checkbox"/> Multi-vitamin | |
| <input type="checkbox"/> Manganese | <input type="checkbox"/> None | |
| <input type="checkbox"/> Phosphorous | | |

Clinical Diagnosis (Please check all that apply)

- | | | |
|---|---|--------------------------------|
| <input type="checkbox"/> Anemia | <input type="checkbox"/> Diarrhea | <input type="checkbox"/> Other |
| <input type="checkbox"/> Cancer | <input type="checkbox"/> Liver Disease | |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Kidney Disease | |
| <input type="checkbox"/> Eczema | <input type="checkbox"/> Irritable Bowel Syndrome | |
| <input type="checkbox"/> Fatigue | <input type="checkbox"/> Kidney Stones | |
| <input type="checkbox"/> Hemochromatosis | <input type="checkbox"/> Peri/Menopause | |
| <input type="checkbox"/> Hyperkinesis | <input type="checkbox"/> Anxiety | |
| <input type="checkbox"/> Hypercalcemia | <input type="checkbox"/> Attention Deficit | |
| <input type="checkbox"/> Psoriasis | <input type="checkbox"/> Depression | |
| <input type="checkbox"/> Scroderma | <input type="checkbox"/> Learning Disability | |
| <input type="checkbox"/> Osteoporosis | <input type="checkbox"/> Memory Loss | |
| <input type="checkbox"/> Angina | <input type="checkbox"/> Schizophrenia | |
| <input type="checkbox"/> Arteriosclerosis | <input type="checkbox"/> Manic Depression | |
| <input type="checkbox"/> Atherosclerosis | <input type="checkbox"/> Autism | |
| <input type="checkbox"/> Hypertension | | |
| <input type="checkbox"/> Crohn's Disease | | |

Consent*

☐ I agree to the following three points below:

1. I understand that the interpretation or other information derived from the hair analysis will be based entirely on my professional judgement and knowledge of the patient involved.
2. Hair analysis is not a diagnostic tool; results are for information only.
3. I hereby certify that the above information provided by this office is complete and accurate to the best of my knowledge.

Signature

