

**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 7606 N Shaggy Tree Lane, Tucson, AZ 85743**. 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. Please use blue or black ink, no pencil. Also please send via email as an attachment (pdf if possible) not as a photo.

<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><b>WOMEN:</b>          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><b>MEN:</b>          Prostate Problems          Impotence          Infertility</p> <p><b>Other Symptoms or Comments:</b></p>
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