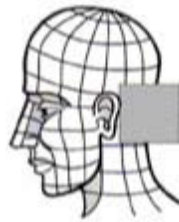


PERFECT HEALTH CONSULTING SERVICES, LLC
“Restore Individuals to Perfect Health by Balancing Mind, Body, and Spirit”
PO Box 3091 Lake Havasu City, AZ 86405
Website: www.perfecthealthconsultingservices.com
E-mail: kristen@perfecthealthconsultingservices.com
Phone: (928) 606-3984
REPEAT CLIENT HAIR ANALYSIS KIT

Instructions for Hair Sampling:

1. **Sampling:** Hair should be clean and dry when it is being sampled. The sample should be taken between four and twenty four hours after washing. If you have had a bleach, dye, or permanent, please wash your hair 5 times before sampling. If you have a water softener, please wash your hair 2 times with distilled or reverse osmosis water before sampling. Please read “Are there any special requirements for submitting a hair sample?” on our Hair Analysis Information website page before sampling.

2. **Sampling Location:** Head hair taken from the nape of the neck (back of the head at the neck area) will provide the best sample. The growth of the hair here is relatively steady and should give good, consistent results. If you do not have any head hair, facial, chest or underarm hair may be used, however, head hair is our first preference. We do not recommend pubic hair. Note: samples from the head and different parts of the body should not be mixed together.



3. **Equipment Needed:** A standard rat-tailed comb and a regular stainless steel scissors are all that is basically needed. For short hair, thinning shears may be used to keep from disturbing the hair style as much as possible. With long hair, a hair pin or clip may also be useful.

4. **Cutting a Sample:** Comb and lift a section of hair at the nape of the neck. Either pin or clip the section or have the patient hold it up out of the way. Separate a smaller section and cut the hair off as close to the scalp as possible. For short hair- 1 ½” in length, or less-use the entire sample. For long hair-over 1 ½” in length-cut off and use 1” to 1 ½” of the hair from the end that was next to the scalp (the root end). Discard the rest. Take several small samples from different spots and combine them. This will help assure and accurate, representative sample on the average, while leaving no noticeable “bald” places in the hair style.

5. **Amount of Sample:** There should be approximately 125 mgs in the total sample. This should be about one heaping tablespoonful. Once an adequate sample is accumulated, put the hair into an envelope. Make sure to write your name, sex, age, date of sample, and type of hair sampled on the envelope.

Payment Information:

Please check mark what payment method you will be using:

Check or Money Order Enclosed made payable to: Perfect Health Consulting Services

Check/Money Order#: _____

Credit Card / PayPal Payment (*note: credit card payment must be received online before we can mail your hair sample to the laboratory.*)

Please check mark what services/products you would like:

Repeat Client Hair Analysis Interpretation & Nutritional Balancing Program \$119.00 by E-mail Only

Add-Ons (added to the \$119.00 price):

Interpretation Report from Laboratory \$40.00

E-Mail Address:

Send my Hair Analysis Interpretation & Nutritional Balancing Program to my following E-mail address.

E-Mail: _____

\$ _____: Total Amount (US Dollars Only)

What can we do to improve our services?

Please mail us the following: Repeat Client Information, Symptoms, Payment Information Forms, Hair Sample in Envelope, and Check or Money Order (unless paying by credit card) made payable to:

Perfect Health Consulting Services

PO Box 3091

Lake Havasu City, AZ 86405

Note: Checks or Money Orders will only be accepted by those who live in the U.S.

Repeat Client Information Form:

Date _____

Name _____ Age _____ Postal Zip Code _____

International clients: City _____ State/Prov. _____ Nation _____

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 or heat lamp _____
Pushing Down Exercise _____ Reflexology _____ Coffee Enemas _____ Spinal Twist _____

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

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?

I understand Nutritional Balancing is a means to reduce stress and balance body chemistry. It is not intended as a diagnosis, treatment or prescription for any condition or disease. I also understand Kristen Harper works as an unlicensed Nutrition Consultant, has a Master of Administration with an emphasis in Health Promotion Degree, a Bachelor of Science in Business Administration Management Degree with a certificate in Entrepreneurship, and a Nutritional Balancing Science Diploma. There are no refunds.

Print Name: _____ Signature: _____ Date: _____

Name _____ SYMPTOM SHEET

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

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

Other Symptoms or Comments: