RETEST MINERAL ANALYSIS FORM

Date _____ Age ____ Height ____ Weight ____

Name_____ Phone_____

Address _____ City _____ State/Prov. _____

Postal Code/Zip _____ Country _____ Email: _____

1. *On a scale of 0-5, how closely have you been following your program? 0=not at all 5=perfectly*

*Supplements*____ *Diet*____ *Sleep*____ *Saunas*____ *Enemas*____ *Meditation*____

2. *Describe changes you have you noticed in your symptoms or condition over the past several months.*

3. *Do you have questions in regard to your supplements, diet program, sauna therapy or coffee enemas?*

4. *Do you have questions in regard to emotional aspects, meditation or lifestyle challenges?*

5. *Are there other concerns you would like us to address when updating your healing program?*

Name _____

SYMPTOMS SHEET

PUT "X" next to any conditions or symptoms that presently describe you.
PLACE A STAR next to the symptoms most important to you.

- Joint Pain
- Joint Stiffness
- Arthritis, Osteo
- Arthritis, Rheumatoid
- Muscle Pain
- Muscle Weakness
- Muscle Cramps
- Bursitis
- Fractures
- Osteoporosis
- Gout

- 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
- Diabetes

- Rapid Heart Rate
- Skipped Heart Beats
- Heart Palpitations
- Heart Attack
- Poor Circulation
- Dizziness
- Low or High Blood Pressure
- Angina
- Arteriosclerosis
- High Cholesterol
- High Triglyceride

- Cough
- Bronchitis
- Asthma
- Post-nasal Drip
- Sinus Congestion
- Allergies
- Emphysema

- Fatigue
- Hypothyroidism
- Low Body Temperature
- Cold in Winter/Dry Skin
- Tend to Gain Weight
- Hyperthyroidism
- 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

- Infections/Viruses
- Tumors/Cancer
- Multiple Sclerosis
- Parkinson's Disease
- Scleroderma
- Fear
- Anger
- Anxiety
- Bipolar Disorder
- Brain Fog
- Confusion
- Depression
- Irritability
- Mind Races
- Mood Swings
- Obsessive/Compulsive
- Panic Attacks
- Poor Memory
- Schizophrenia
- Trouble Sleeping
- Suicidal thoughts
- Autism
- Attention Deficit
- Hyperkinesis
- Dyslexia
- Seizures
- Learning Disability
- Mental Retardation
- Delayed Development

- Bladder Infections
- Kidney Infections
- Trouble Urinating
- Frequent Urination
- Painful Urination
- Kidney Stones
- Water Retention
- Kidney Stones
- Water Retention
- Sinus Headaches
- Tension Headaches

- Migraine Headaches
- Neuritis
- Eye diseases
- Constipation
- Diarrhea
- Intestinal Gas
- Bloating
- Heartburn
- Ulcer
- Stomach Pain
- Colitis
- Gall Stones
- Fissures
- Hemorrhoids
- Cirrhosis
- Diverticulitis
- Tend to Gain Weight
- Tend to Lose Weight

- Anemia
- Easy Bruising

- Dental Amalgams
- Drug Addiction
- Alcoholism
- Smoking

WOMEN:

- Premenstrual Syndrome
- Water Retention
- Cramps
- No Menstruation
- Heavy periods
- Light/Irregular Periods
- Ovarian Cysts
- Fibroid Tumors
- Abnormal Pap Smear
- Menopause
- Fibrocystic Breasts
- Breast Tumors
- Yeast Infections
- Hot Flashes
- Currently pregnant
- Abuse
- Rape

MEN:

- Prostate Problems
- Impotence
- Infertility

Other Symptoms or Comments: