

BEFORE YOU BOOK THE TESTS, PLEASE READ THE FOLLOWING CAREFULLY:**IMPORTANT INFORMATION**

1. Having the tests carried out does not constitute a guarantee that your hair will re-grow.
2. The test results do not constitute a medical diagnosis. For a medical diagnosis, please consult your doctor or dermatologist.
3. Please do not order tests 4 or 5 if you are pregnant or breastfeeding. If you fall pregnant while on the supplement plan, you will need to inform me immediately.
4. The supplement plan you will receive when you order the tests is tailor-made to your specific needs and is not transferable to someone else.
5. You will need to start the supplement plan within four weeks of receiving the test results. After four weeks, the test results are no longer valid.
6. Be aware that you may be required to cut out certain foods as part of the supplement plan.
7. If the tests show metal toxicity or invasive organisms, it can take up to 18 months to detox from these. During this time, re-tests will have to be carried out approximately every three months. A re-test is currently £80.
8. It may be necessary to have amalgam fillings removed if they are a problem.
9. This is not a quick fix supplement plan. If your hair growth can be restored, it can take up to 12 months to see progress with your hair.
10. Being vegetarian may severely restrict your chances of regrowing your hair. If you are vegan, we will be unable to help you with your hair.
11. **Do NOT order the tests if you are on any recreational drugs, including weed. We will not be able to help you while you are on recreational drugs.**

HGUK testing is different from conventional laboratory testing**Conventional laboratory testing**

Advantage: You will get a figure of how much of a toxin has been detected in your urine, blood or hair sample.

Disadvantage: The figure you get as a result of conventional testing will not include the amount of toxins that have been stored in body tissue over the years. Stored amounts of toxins can be considerable so that the actual amount of toxins present in your body is higher than the figure you are given by the laboratory.

Disadvantage: You will be given a 'normal range value' with your test results. The normal range will tell you whether the level of toxin in your body is considered 'acceptable' or whether it is considered a danger to your health. However, the normal range does not take into account differences between individuals. What is normal for one person is abnormal for the next person.

Disadvantage: If you are within the normal range, your doctor will do nothing about the toxin because the test gave you the 'all clear'. However, if you are sensitive to a particular toxin, this toxin can cause you health and hair loss problems, even if you are within the normal range. Your 'all clear' is therefore inaccurate.

HGUK testing

Disadvantage: You will not get a figure for the toxins that were found in your sample. Instead, you will be told that there is or that there is not a problem with a toxin.

Advantage: The HGUK testing will pick up a toxin in its entirety, i.e. in your blood, your urine and in your body tissues where it may have settled over the years.

Advantage: You get a tailor-made plan of exactly which supplement/s you need to take to remove the toxin from your body. In that way, physical balance is restored which increases the chances of your hair recovering

Advantage: You get a tailor-made plan of how long you need to take your supplements for and at which dosage.

Advantage: You can ask questions via e-mail if you are not clear about your supplement plan or feel you have a problem with any of the supplements, and I will get back to you with an answer, normally within 2 working days, often faster.

PLEASE RETAIN THIS SHEET FOR YOUR RECORDS.

ORDER FORM

Please carry out the following test/s (please tick boxes you require):

- 1 Toxic metals £ 80**
- 2 Invasive organisms £ 80**
- 3 Food intolerances £ 80**
- 4 Supplements for detox test £ 100**
- 5 Big test (Tests 1 – 4) normally £340, but reduced to £189, provided your order form, sample and payment reaches us by Thursday, 28th March 2019.**

PLEASE WRITE CLEARLY

Mr / Mrs / Miss / Ms

Date of birth:.....

First Name Surname

House number and Street

Town/City

Post code/Zip code Country

Tel. no. E-mail address

Your personal details will NOT be sold to third parties.

- I would like to pay with my credit card via **PayPal**.

Please send me a **PayPal invoice** so that my credit card details stay safe.

IMPORTANT NOTICE: We can only accept PayPal payment from a credit card. If you pay with a PayPal cheque via your bank account, your payment will take 7-10 days to clear and you will miss the deadline for the reduced rate (see above).

- I would like to pay £ by **credit card**.

Type of credit card	Visa <input type="checkbox"/> Mastercard <input type="checkbox"/>
Credit Card No.	
Expiry date	
Card verification number (last 3 digits on signature strip)	
Name as it appears on card	
Signature

*** Tests 4 and 5 require answers to the questionnaire which follows this form. Tests 4 and 5 will only be carried out if the completed questionnaire is enclosed. 6 wks**

How to take a hair sample

If your hair is actively falling out at the moment: Go with your fingers through your hair and send me hair that has been left in your fingers. I need at least 10 hairs.

If your hair is thinning but not actively falling out: Cut off approximately **ten hairs** of at least 2 centimetres length from the back of your neck, close to the scalp. If your hair is shorter, please send a nail sample instead.

It does not matter if your hair is dyed. It would be better if your hair has not been washed before you cut it.

DO NOT TAKE HAIR FROM A BRUSH AS THIS COULD CONTAIN SOMEONE ELSE'S HAIR AND CONFUSE THE RESULT!

Put your sample into a white clean piece of paper and sellotape it shut. **I cannot accept hair that has been wrapped in plastic.**

Write your name on the paper.

How to take a nail sample

If you have no hair or your hair is too short, send in some nail clippings from finger nails. If you wear nail varnish, you need to take it off before you cut the nail. The larger you can make the clipping, the better. If in doubt, send little clippings from several nails.

Put your sample into a white, clean piece of paper and sellotape it shut.

Write your name on the paper.

QUESTIONNAIRE

WHERE DID YOU HEAR ABOUT US? Please tick relevant box.

- | | | |
|--|---|---|
| <input type="checkbox"/> Search engine | <input type="checkbox"/> Hair dresser | <input type="checkbox"/> Referral by practitioner |
| <input type="checkbox"/> Recommendation | <input type="checkbox"/> YouTube video | |
| <input type="checkbox"/> Regrowing Hair Naturally book | <input type="checkbox"/> Help Your Hair ebook | |
| <input type="checkbox"/> Amanda Brooks | <input type="checkbox"/> National Hair Loss Association | |

HAIR AND SCALP

1. Please explain briefly what type of hair loss you are suffering from, for example whether your hair comes out in round patches, whether it is overall thinning or only thinning in certain areas.
2. How long ago did you first notice problems with your hair?
3. Do you also suffer from dandruff, skin irritations, itchiness or sensitivities or any other conditions on the scalp? If so, please describe briefly here.
4. Do you suffer from any other health problems except hair loss?

TEETH

5. Do you have any silver/grey amalgam fillings in your teeth? How many?
6. Have you ever had any silver/grey amalgam fillings in your teeth that were removed? If so, approximately how many?
7. Do you have any gold fillings or gold crowns in your teeth?

8. Do you have any root canal fillings in your teeth?
 9. Have you had any of your permanent teeth or your wisdom teeth pulled out?
 10. Do you have problems with your gums, for example bleeding or puffiness? If you do, which one?
-

FOOD AND DRINK

11. How much alcohol do you consume in a week?
 12. Are you vegetarian?
12 a) If you are vegetarian, do you eat eggs and cheese?
 13. What do you eat for a typical breakfast?
 14. What do you eat for a typical lunch?
 15. What do you eat for a typical dinner?
 16. What foods do you eat between meals as snacks?
 17. What type of liquids do you take during the day?
 18. Do you eat chocolate and/or sweets every day?
 19. Do you find it hard to resist sweet foods (biscuits, cakes, sugary drinks)?
 20. Do you chew gum? If so, which brand and flavour?
-

GENERAL

21. Do you have any pets or do you come in daily contact with animals?
 22. Do you smoke? If yes, how many cigarettes on average?
 23. Have you ever had operations with general anaesthetics? If yes, how many?
 24. If you are currently on **prescribed medication**, please state what you are taking:
-

DO NOT DISCONTINUE PRESCRIBED MEDICATION UNLESS ADVISED TO DO SO BY YOUR DOCTOR.

25. Are you having any conventional treatment for hair loss such as
- steroid tablets?
 - steroid injections?
 - Minoxidil/Regaine/Rogaine
 - Propecia/Proscar?
 - Irritants?
 - other? Please describe
 - none of the above
- (Please tick the relevant box/boxes.)
26. How many cordless phones do you have in your home?
27. In which rooms are the cordless phones located?
28. For approximately how many minutes/hours a day do you use your mobile/cell phone?
29. Do you have any tattoos? If so, how many?
30. Do you have any body piercings except ear lobes? If so, where are the piercings?
31. Do you have any metals in your body (dental implants, screws in bones, shrapnel etc.)? Please specify.
32. Have you ever had an accident, a severe fall or were hit very hard anywhere on the body? Please give details.
33. Do you suffer from any of the following more than you feel you should? Please tick the relevant box:
- | | | |
|--|--|---|
| <input type="checkbox"/> unexplained weight loss | <input type="checkbox"/> constipation | <input type="checkbox"/> itchy skin on the body |
| <input type="checkbox"/> exhaustion | <input type="checkbox"/> headaches | <input type="checkbox"/> sleeping problems |
| <input type="checkbox"/> unexplained pains in the body | <input type="checkbox"/> diarrhoea | <input type="checkbox"/> irritability |
| <input type="checkbox"/> depression | <input type="checkbox"/> anxiety | <input type="checkbox"/> fuzzy-headedness |
| <input type="checkbox"/> bloating | <input type="checkbox"/> overweight but cannot lose it | |
34. Any other symptoms :

Emotional issues

35. Are there any current life situations that are causing you stress in your private or professional life? Please describe briefly.

36. Are there any past life events that you feel had a negative influence on you? Please describe briefly.
37. What makes you cry?
38. What makes you angry?
-

Supplements

39. Are you currently taking any supplements?
 If so, which **brand** and what **dosage**?
 (Please include supplements for **bodybuilding** if you take those.)
-

Profession

40. What do you do professionally?
-

For female clients:

41. Are you currently
- pregnant? yes no
 - breastfeeding? yes no
 - trying to become pregnant? yes no
 - are you fitted with a copper coil? yes no
 - any other type of coil? yes no

Please circle the relevant reply.

I confirm that I have read the Important Information on page 1 and have retained the sheet for my records.

.....
 Date

.....
 Signature

Please send your

- order form with completed questionnaire**
- payment** and
- hair/nail sample**

to **Vera Peiffer, HairgrowthUK, 49 The Broadway, Chichester PO19 6QR, UK.**