

Hair analysis done by a 3rd party not JV health services

Recheck date:

Date:

JVHEALTHSERVICES
315 Monumental Circle
Sparks, NV 89436
760-553-6148

Client information:

Name: Phone # Fax # Cell#

Address: City: St. Zip:

E-Mail Referred by:

Date Of Birth: _____ ; Sex: M / F ;
Occupation_____

Any weight problems (gaining/losing)? Circle one Y / N

List any Currently Taking: Prescription drugs / Supplements / Vitamins / Over the counter drugs; Shots given:

Do you have mercury amalgam fillings? Y / N Do you have a water softener Y/N

Have you had any trauma, accidents, artificial equipment or chronic issues? Y / N
explain:_____

Have you had tonsils, appendix, gallbladder or anything removed?(Which one)

Acid Reflux: Y / N ; Headaches: Y / N (type)?_____ ; Sinus issues: Y / N ;

Emotions:_____ Hair/Skin issues: _____

Heart issues:_____ Blood pressure issues: _____

Stomach/Digestive issues: Y / N ; Constipation(even occasionally); Y / N ;

Muscle / Skeletal pains: Y / N; Male/Female problems?:_____

Eyes/vision/ Ears/hearing/ sinus_____

List any Body piercings/tattoos and Location_____

Any respiratory issues?: _____

Are you currently in Chemotherapy or Dialyses?

On back Journal a sample of YOUR daily diet for 3 days Breakfast, Lunch, Dinner, snacks

Include beverages

Health problems/concerns: