

Hair analysis done by a 3<sup>rd</sup> party not JV health services

Recheck date:

Date:  
Recheck Form

JVHEALTHSERVICES  
2207 Leo dr  
Nampa Idaho 83651  
760-553-6148 cell.

Client information:

Name: Phone # Fax # Cell#

Address: City: St. Zip:

E-Mail Referred by:

-----  
Date Of Birth: \_\_\_\_\_ ; Sex: M / F ;  
Occupation \_\_\_\_\_

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

Names of Any you are still taking: Prescription drugs / Supplements / Vitamins / Over the counter drugs; Shots including Covid: or Covid Test

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

Have you had tonsils, appendix, gallbladder or anything removed?

Body cleansing and detoxing can aggravate some symptoms. What changes have you noticed since your last analysis.

Better \_\_\_\_\_

Worse \_\_\_\_\_

Same \_\_\_\_\_

Have you eliminated your food sensitivities?

Any questions or concerns you have (use the back if you need more room)