



Human Hair Test Form

ABN 34 984 554 357

This is to signify that I, the undersigned, have the authority to provide the hair of the human detailed below.

I understand that there is a \$250.00 administration fee to accompany this form.

I further agree for the Hair Test Lab to contact an operator experienced in radionics (a non- scientific procedure) to suggest an applicable recommendations for the human.

'Coleychelle Farm'

Telephone: 07) 5467 1800

347 Coleyville Road

Fax: 07) 5467 1811

Mutdapilly QLD 4307

Email: info@hairtestlab.com.au

Date: ____/____/____

First Name: _____ Surname: _____

Address: _____

Suburb: _____ State: _____ Postcode: _____

Telephone: _____ Mobile: _____

Email: _____

Referred By: _____ Family GP: _____

Occupation: _____ How long in this work? _____

Family

Siblings: Name, Age, Gender

_____ Your place in the family _____

Spouse/Partner Name: _____

Children: Name, Age, Gender:

Do you own any pets?

Your Medical History

DOB: ____/____/____

Past Trauma/accidents (include the date, your age):

Previous Surgery (include the date, your age):

Childhood and other illnesses (include the date, your age):

Current Medications including natural supplements:

Food Preferences (please circle)

'meat & 3 veg'	vegetarian	vegan	macrobiotic
High protein	wheat free	gluten free	dairy free

Other: _____

Daily intake of:

Sugar: _____ **Alcohol:** _____

Coffee: _____ Water: _____

Tea: _____

Interests/Socialising/Clubs/Sport:

Exercise: _____

Self-development (courses, education):

Reasons why you would like a Hair Test (including a history of current problem/s):

Any other information you believe would be helpful?

I declare that the above details are true and correct:

Name: _____ Date: ____/____/____

Signature: _____

**THE RADIONICS PROCEDURE WILL NOT BE UNDERTAKEN UNLESS THE ABOVE IS COMPLETED AND RETURNED WITH PAYMENT AND HUMAN'S HAIR SAMPLE.
PAYMENT OPTIONS: CHEQUE/MONEY ORDER (payable to Hair Testing Lab) CREDIT CARD**

CREDIT CARD DETAILS: CARDHOLDER'S NAME _____

CARD NO: _____ **CARD TYPE: VISA MASTERCARD**

CARD EXPIRY: __/__/__

Direct deposit:
Kennallywood Pty Ltd
Commonwealth Bank Aust
BSB: 064776 A/c: 1003 1558
Reference: your "surname" Hair Test

POST SAMPLE TO: HAIR TESTING LAB
347 COLEYVILLE ROAD
MUTDAPILLY Q 4307