RETEST MINERAL ANALYSIS FORM

Name		Pho	ne	Age	
	Date				
					_
one heaping tak	olespoon of hair).	or hair sampling carefull	-	h hair to balance the	e scale (or equal
	i me, age and sex ouestions below.	on the small paper hair o	envelope.		
•		on the symptom page.			
•		n the body of an email c	or email page as a	an attachment.	
1. On a scale of	0-5, how closely h	ave you been following	your program? 0	=not at all 5=perfec	tly
Supplements	Diet Sleep	Saunas Enemas	Meditation/Re	elaxation Techniques	
2. What kind of	water are you drii	nking?			
3. Describe cha	nges you have not	iced in your symptoms o	or condition over	the past several mo	onths.
4. Do you have enemas?	any questions witl	n regards to your supple	ments, diet prog	ram, sauna therapy	or coffee
5. Do you have	questions with reg	gards to emotional aspe	cts, mediation or	lifestyle challenges	?
6. Are there oth	er concerns you w	ould like me to address	when updating y	your healing progran	n?
comprehensive	healing program.	n. This includes your hai Payment can be made b ent to: Pam Killeen 93 H	y check, money o	order, or through Pa	yPal. If sending

Thank you! You should receive your program within about 4 weeks.

*Nutritional balancing is a means to reduce stress and is not intended as diagnosis, treatment or prescription for any condition or disease. Pam Killeen is an unlicensed nutritional consultant.