

# Hair & Saliva Bio-Energetic Analysis

Unify Consulting PMA

(A private Membership Association)

1150 Revolution Mill Drive Studio 1 Suite D

Greensboro, NC 27405

(336) 338-2994

Name: \_\_\_\_\_

Address: \_\_\_\_\_

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Phone # (     ) - \_\_\_\_\_

Email \_\_\_\_\_

Preferred method of communication: Phone \_\_\_\_\_ Email \_\_\_\_\_

## Directions:

- 1) Please contact us when sending the samples so we know they are coming. Call 336-338-2994 or email: **lawrence@unifyconsultingpma.com**
- 2) Full analysis fee is \$200.00 for each person and \$75.00 for each pet. If not already a member of the association, a one-time \$10.00 charge will be applied with the membership contract. Spot check for members is \$50.00. Make all checks payable to **Unify Consulting LLC**.
- 3) Place 2 Q-tips saturated with saliva into a plastic zip lock bag (Be sure that both ends of the Q-tips are saturated. Rub the Q-tips on tongue and inside cheeks).
- 4) Place at least a teaspoon of hair into a separate plastic zip lock bag (The hair closest to the root is optimal. You can save some hair after a haircut, use hair that comes out in your comb or brush. Men can use beard hair as well).
- 5) Place both zip lock bags into an envelope with your name on it.
- 6) Place this envelope into a larger envelope, along with this analysis form, and **send by any carrier 2<sup>nd</sup> day delivery to the address above.**

## Health Information:

Age \_\_\_\_\_ DOB \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_

**Past Medical History** (Please include all **SURGICAL** and **DENTAL** procedures)

- 1) \_\_\_\_\_
- 2) \_\_\_\_\_
- 3) \_\_\_\_\_
- 4) \_\_\_\_\_
- 5) \_\_\_\_\_
- 6) \_\_\_\_\_
- 7) \_\_\_\_\_
- 8) \_\_\_\_\_

**List all prescription medications, over-the-counter medications and any vitamins or herbs currently taking.**

- 1) \_\_\_\_\_
- 2) \_\_\_\_\_
- 3) \_\_\_\_\_
- 4) \_\_\_\_\_
- 5) \_\_\_\_\_
- 6) \_\_\_\_\_
- 7) \_\_\_\_\_
- 8) \_\_\_\_\_

**List any know food allergies:**

\_\_\_\_\_

**Additional health information or concerns:**

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

If paying my check, please make payable to **Unify Consulting LLC**.

All credit cards will be billed under **Unify Consulting LLC**.

**Payment**

Circle one: Cash    Check# \_\_\_\_\_    Credit Card: VISA/ MasterCard/ Discover/ American Express

Card #: \_\_\_\_\_

Exp.Date: \_\_\_\_\_    CVV Code: \_\_\_\_\_    Zip Code: \_\_\_\_\_

