

RETEST MINERAL ANALYSIS FORM

Name _____ Date _____

Address _____

Phone _____ Email _____

Age _____ Height _____ Weight _____ Hair Color _____ Sex: M F

Answer the questions below. Then circle your current symptoms on the *Symptoms Sheet* on the next page. Use Page 3 of these forms for any additional comments or if you don't have enough room here.

1. *On a scale of 0-5, how closely have you been following your program? 0=not at all / 5=perfectly*

Lifestyle _____ Diet _____ Supplements _____ Saunas _____ Coffee Enemas _____

2. *Describe changes you have noticed in your symptoms or condition over the past several months.*

3. *Do you have questions regarding your supplements, diet program, sauna therapy or coffee enemas?*

4. *Do you have questions in regard to any mental or emotional aspects or lifestyle challenges?*

5. *Are there other concerns you would like us to address when updating your healing program?*

6. *Since your last test, are you feeling: Better ___ Worse ___ About The Same ___ Emotionally stronger ___*

The fee for a retest is \$145.00 US dollars. This includes your hair mineral analysis and consultation with an updated healing program. Payment can be made by personal check (made out to Moses Nutrition), money order, or you may pay by credit card using the credit card form included on the last page of these forms.

**Mail this sheet, the symptom sheet, your hair sample and your payment to:
Moses Nutrition, 501 W. Glenoaks Blvd. #460, Glendale, CA 91202 USA**

Or schedule to bring your sample in person to the office or to have us cut it for you. You should receive your updated nutritional balancing program within 3-4 weeks if mailed from within the United States. Thank you!

Nutritional balancing is a means to reduce stress and is not intended as diagnosis, treatment or prescription for any condition or disease. Nikki Moses is certified in nutritional balancing science and works as an unlicensed nutrition consultant only.

Name: _____

Date: _____

CIRCLE any conditions or symptoms that presently describe you.

PLACE A STAR (☆) next to the symptoms most important to you.

Joint Pain	Acne	Sinus Headaches
Joint Stiffness	Eczema	Tension Headaches
Arthritis, Osteo	Fungal Infections/Candida	Migraine Headaches
Arthritis, Rheumatoid	Psoriasis	Neuritis
Muscle Pain	Hives	
Muscle Weakness	Hair Loss	Constipation
Muscle Cramps	Slow Wound Healing	Diarrhea
Bursitis	Blurred Vision	Intestinal Gas
Fractures	Cataracts	Bloating
Osteoporosis	Glaucoma	Heartburn
Gout	Meniere's Disease	Celiac Disease
	Tooth Decay	Ulcer
Sweet Cravings	Excessive Plaque on Teeth	Stomach Pain
Sugar Reactions	Gum Disease	Colitis
Irritable before meals	Canker Sores	Gall Stones
Can't Skip Meals		Hemorrhoids
Hypoglycemia	Fatigue	Cirrhosis
Crave Starches	Hypothyroidism	Diverticulitis
Fat Cravings	Low Body Temperature	Tend to Lose Weight
Other Food Cravings	Cold in Winter/Dry Skin	
Food Allergies	Tend to Gain Weight	Anemia
Excessive Hunger	Hyperthyroidism	Easy Bruising
Loss of Appetite		
Diabetes	Anger	Drug Addiction
	Anorexia	Alcoholism
Rapid Heart Beat	Anxiety	Smoking
Skipped Heart Beats	Bipolar Disorder	
Heart Palpitations	Brain Fog	Difficulty Taking Supplements
Heart Attack	Confusion	Surgical or Injury Scars
Poor Circulation	Depression	Dental Fillings
Dizziness	Irritability	
Low or High Blood Pressure	Mind Races	WOMEN:
Angina	Mood Swings	Premenstrual Syndrome
Arteriosclerosis	Panic Attacks	Water Retention
High Cholesterol_____	Poor Memory	Cramps
High Triglycerides_____	Schizophrenia	No Menstruation
	Trouble Sleeping	Heavy Periods
Cough	Autism	Light/Irregular Periods
Bronchitis	Attention Deficit	Ovarian Cysts
Asthma	Hyperkinesis	Fibroid Tumors
Post-nasal drip	Dyslexia	Abnormal Pap Smear
Sinus Congestion	Seizures	Menopause
Ear Infection	Learning Disability	Fibrocystic Breasts
Ringling in Ears/Tinnitus	Mental Retardation	Breast Tumors
Allergies	Delayed Development	Yeast Infections
Emphysema		Hot Flashes
Multiple Chemical Sensitivity	Bladder Infections	Pregnant
	Kidney Infections	Lactating Mother
Infections/Viruses	Trouble Urinating	
Tumors/Cancer	Frequent Urination	MEN:
Multiple Sclerosis	Painful Urination	Prostate Problems
Parkinson's Disease	Kidney Stones	Impotence
Scleroderma	Water Retention	Infertility

