

hTMA Plus includes consultation time to discuss your results with a medically trained hTMA clinician. In addition, you receive supplemental explanatory information including reports, graphs, comments and further recommendations — based on your unique health profile.

Notice to State of New York residents: Due to NY state regulations (NY Public Health Law Section 574), we are unable to process hair samples collected within the state of New York.

hTMA Plus

In addition to the basic lab report, we include:

- **60 Minute Consultation** - Speak with a trained medical professional who specializes in clinical hTMA
- **Energy and Performance Index** - Exclusive report explains how your hTMA ratios impact your energy
- **Ideal levels graph** - Compare your significant mineral levels with *ideal* healthy levels
- **Recommended Nutritional Supplements** - An individualized daily supplement chart based on your medical history
- **hTMA Mineral Balancing Basic Principles** - Guidelines and information
- **General Foods Reference** - Handy refrigerator chart
- **Additional Recommendations** - Further explanations and recommendations based on your health profile

hTMA Plus cost

Fee: **\$250**

Fee includes items listed above.

Additional costs may include nutritional supplements (varies per individual).

Additional consultation (optional): \$20.00 per 1/4 hour.

Instructions

Fill-in and send us the questionnaire forms, please do not forget to **include** your hair sample also.

Please mail to:

Health Elite Clinic
34785 Fire Tower Road
Bayfield, WI 54814

Payment Options

1. Send a personal check with your mailed sample.
— or —
2. Pay online with credit card - click "Square" below:



*Approximately one tablespoon of hair is required for accurate testing.
Hair taken from the back of the head will provide the best quality sample.*

IMPORTANT: Sample hair from the back of the head, close to the scalp. This hair grows fastest (newest). For certain minerals, their concentration increases further from the scalp, or they migrate along the follicle shaft as they move away from the body. Different locations also may yield different results. If scalp hair is not possible, the next best location is from the arm pit (axilla).



Hair Sample Preparation/ Cleaning Requirements

Hair should be clean and washed before sampling, preferably with a mild soap or with shampoo (e.g., organic, non-scented). Hair needs to be dry when sampling.

If you have a water softener, you must wash hair 2-times (consecutively) with spring water before taking the sample. Water softeners affect hair analysis accuracy because they use sodium to replace the calcium and magnesium that is in the water.

Tap water that is not treated by a water softener can be used also. However, according to the Environmental Working Group, testing by water utilities has found more than 300 pollutants in the tap water Americans drink. More than half of the chemicals detected are not subject to health or safety regulations and can legally be present in any amount.

- Do not use conditioners or rinses on hair sample.
- Do not place other products on your hair until *after* you have cut the hair sample (examples: hair creams, sprays, oils or gels).
- Do not mix hair sample types (i.e., do not mix beard hair and head hair). Pubic hair is recommended *only* for identification and confirmation of elevated levels of toxic metals, and/or if there is a question of external contamination, to rule out the contamination of a hair sample taken from the scalp.

Hair Treatment Cautions

Dyes, bleaches and permanents chemically alter the structure of hair, so you must sample the hair before this type of chemical treatment. The portion of hair to be collected for sample should be untreated, not permed, dyed, bleached or any other chemical treatments. Dyes can increase lead levels, bleaching and permanent agents can elevate calcium and magnesium, medicated shampoos can elevate selenium and other minerals.

If hair has been treated or exposed chemically, postpone sample collection until a minimum one-half inch (1/2") of new growth has occurred. Use **ONLY** the newly grown untreated hair for sample purposes. Discard any chemically treated hair.

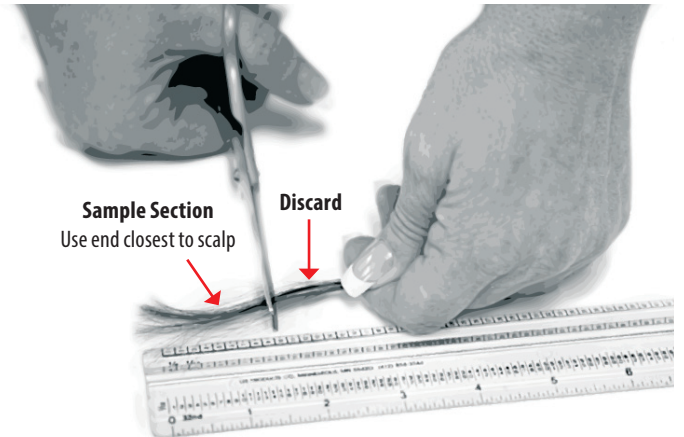
Avoid heavy sweating prior to sampling. Avoid copper sulfate or chlorine treated swimming pools prior to sampling. These treatments affect lab results with an incorrect analysis in copper and sodium levels.

CAUTION: Several popular hair coloring products contain lead, which will affect your *Tissue Mineral Analysis* by indicating an elevated level of lead in your system. To safeguard your health, lead-containing dyes should never be used. If you do want to use a hair color product, we recommend using natural / vegetable-based hair dyes only. Other hair dyes often contain toxic chemicals which are absorbed through the skin.

How to Take the Hair Sample



- Hold long hair out of the way, then cut sample as close to scalp as possible. Take small samples from four (4) different spots.



- Sample length: Use about 1 to 1-1/2 inches closest to the scalp.
- Use a **clean** stainless steel (other metals may contaminate sample) or plastic scissors. Sterilize scissors with alcohol. Cut the hair as close as possible to the scalp to provide the most accurate sample.
 - Cut small hair samples from at 3 to 4 different spots.
 - For sample purposes, only send the hair cut from closest to scalp. Sample length should not exceed one and a half inches (1 - 1/2").
 - For short hair, you may want to use a thinning shears for obtaining samples from the entire collection area to avoid causing bald spots.
 - **IMPORTANT:** Supply an adequate sample amount. Cut enough hair to fill a tablespoon (or enough to tilt the provided weight scale). The laboratory test equipment requires a 125 mg sample size.
 - Carefully place the cut hair in a **clean paper** envelope. Write your name, age, sex and the shampoo used on the envelope and send to us for processing.

Sample Amount: approximately 1 tablespoon or 125 milligrams.

Please make sure that you provide enough hair (more is better). If you are concerned about providing the correct amount, we can mail you a sampling scale.

■ Information

Today's Date:

Name:

Address:

.....

City:

State/Prov: Zip/Postal Code:

Phone:

Cell Phone:

eMail:

Work Phone:

■ Patient Identification

Age: Birth Date:

Height: Weight:

Gender: ☐ F ☐ M Pregnant: ☐ No ☐ YesEthnicity: ☐ Caucasian ☐ Hispanic ☐ Black/African American☐ Asian ☐ Other:Status: ☐ Married/Partner ☐ Single

Occupation:

■ Hair InformationNatural Color: ☐ Blonde ☐ Brown ☐ Black ☐ Red ☐ Grey

Shampoo (brand):

Treatments (e.g., tints, dyes, color rinses, highlighters, bleaches, etc.):

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Hair Sample Location

To ensure accurate test results, the lab recommends taking the hair sample from the scalp. If scalp hair is not available, then arm-pit (or axilla) hair, pubic hair, or hair from another part of the body may be used.

☐ Scalp ☐ Pubic ☐ Axilla ☐ Other (location):

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■ Emergency Contact

Name:

Relationship:

Address:

.....

City:

State/Prov: Zip/Postal Code:

Cell Phone:

eMail:

Phone/Daytime:

Phone/Evening:

■ Primary Physician (optional)

Name:

Clinic name:

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Address:

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City:

State/Prov: Zip/Postal Code:

Phone:

■ Note / Comment

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■ Medications

List all current medications, supplements and herbs, and reason for taking each:
(If necessary, please use the back side of this sheet or attach an additional page.)

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How often do you take the following medications?

PAIN (e.g.; Aspirin, Ibuprofen, Tylenol, Advil, Motrin, Vicoden, Oxycodone, Percocet, Aleve, Tramadol, etc.)

☐ Never ☐ Occasionally ☐ Once per week ☐ Daily

LAXATIVE (e.g.; stool softeners, suppositories, Metamucil, Ex-Lax, MiraLax, Correctol, Dulcolax, etc.)

☐ Never ☐ Occasionally ☐ Once per week ☐ Daily

ANTACID (e.g.; Milk of Magnesia, Alka-Seltzer, Pepto-Bismol, Pepsid AC, Tagamet, Zantac, Rolaids, Tums, Maalox, Mylanta, etc.)

☐ Never ☐ Occasionally ☐ Once per week ☐ Daily

■ Allergy Checklist

☐ Medication, list:

☐ Food, list:

☐ Environmental (pollens, molds, etc.), list:

☐ Insect (bee stings, etc.), list:

☐ Contact dermatitis (hair dye, jewelry, etc.), list:

☐ Latex ☐ Cosmetics ☐ Lactose intolerance

☐ Other:

■ Electronic Implant / Blood Disorder

I have an electronic implant: ☐ No

☐ Yes, describe:

I have a bleeding disorder: ☐ No

☐ Yes, describe:

I am taking anticoagulant medication (blood thinner): ☐ No

☐ Yes, medication name:

■ Illness and Injury

List any serious illnesses, include dates:

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List any serious injuries, include dates:

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List any surgeries, include dates:

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List any long-term or persistent condition, include date condition began:

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■ Family Medical History

List any serious illnesses, persistent condition, and cause of death
for your parents and your siblings:

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■ Secondary Concern

[illegible]

Have you seen other practitioners about this issue? ☐ No ☐ Yes

If yes, name and specialty of practitioner:

Diagnosis, test or lab results:.....

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Medications or treatments received:

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■ Additional Concerns

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Current Clinically Diagnosed Symptoms or Conditions

Please **circle** the top 5 symptoms or conditions you are most concerned about.

- ☐ Anemia 104
- ☐ Candidiasis 107
- ☐ Chronic fatigue 130
- ☐ Cold hands and feet
- ☐ Diabetes 111
- ☐ Dizziness/vertigo
- ☐ Epilepsy 114
- ☐ Fatigue 115
- ☐ Exhaustion
- ☐ Headaches 117
- ☐ Headaches, migraine 117
- ☐ Hemachromatosis 132
- ☐ Hemorrhoids
- ☐ Hiatal hernia
- ☐ Hyperkinesis 118
- ☐ Hypoglycemia 120
- ☐ Insomnia 122
- ☐ Loss of appetite
- ☐ Obesity
- ☐ Premature greying/hair loss

Immune System

- ☐ AIDS 123
- ☐ Allergies, respiratory 101
- ☐ Allergies, food 102
- ☐ Allergies, environmental 103
- ☐ Cancer 106
- Cancer type:
- ☐ Herpes
- ☐ HIV positive 123
- ☐ Immune deficiency 123
- ☐ Infections / bacterial 121
- ☐ Mononucleosis 124
- ☐ Viruses (cold/flu) 128

Dermatological

- ☐ Acne
- ☐ Bruise easily
- ☐ Canker sores
- ☐ Dermatitis 110
- ☐ Eczema 112
- ☐ Fungus in nails
- ☐ Psoriasis 125
- ☐ Scleroderma 127
- ☐ Skin, dry
- ☐ Skin, flaky or scaly
- ☐ Skin, itchy
- ☐ Skin, brown spots
- ☐ Spider veins
- ☐ Vericose veins

Respiratory

- ☐ Asthma 105
- ☐ Bronchitis
- ☐ COPD
- ☐ Cystic fibrosis 109
- ☐ Emphysema 113

Eyes / Ears / Sinus / Dental

- ☐ Blurred vision
- ☐ Cataracts 108
- ☐ Dental amalgams (silver-colored fillings)
- ☐ Root canal
- ☐ Dental implant
- ☐ Ear infections
- ☐ Glaucoma 116
- ☐ Hearing problems
- ☐ Meniere's Disease
- ☐ Periodontal disease 126
- ☐ Tinnitus, ringing in ears
- ☐ Sinus problems

Musculoskeletal

- ☐ Arthritis, osteo 201
- ☐ Arthritis, rheumatoid 202
- ☐ Bursitis 203
- ☐ Carpal tunnel
- ☐ Disc degeneration 206
- ☐ Fibromyalgia 216
- ☐ Joint stiffness 208
- ☐ Joint disease 209
- ☐ Lupus 218
- ☐ Muscle cramps (night) 204
- ☐ Muscle cramps (exertion) 205
- ☐ Muscular dystrophy 207
- ☐ Osteomalacia 211
- ☐ Osteoporosis 210
- ☐ Osteosarcoma 212
- ☐ Paget's disease 213
- ☐ Scoliosis 214
- ☐ Tendinitis

Cardiovascular

- ☐ Angina 301
- ☐ Arteriosclerosis 302
- ☐ Atherosclerosis 303
- ☐ Bradycardia 310
- ☐ Coronary occlusion 311
- ☐ Heart attack (CVI)
- ☐ High cholesterol 304
- ☐ Hyperlipidemia 305
- ☐ Hypertension 306
- ☐ Hypertension (systolic) 307
- ☐ Hypertension (diastolic) 308
- ☐ Low blood pressure
- ☐ Tachycardia 309

Digestive System

- ☐ Celiac disease
- ☐ Chron's Disease 400
- ☐ Colitis 401
- ☐ Constipation 402
- ☐ Diarrhea 403
- ☐ Diverticulosis 404
- ☐ Frequent nausea
- ☐ Gall stones 406
- ☐ Gastritis/heartburn 405
- ☐ Hepatitis 407
- ☐ Indigestion (bloating/gas)
- ☐ Irritable Bowel (IBS) 413
- ☐ Liver cancer 409
- ☐ Liver dysfunction 408
- ☐ Stomach problems
- ☐ Ulcer, gastric 410
- ☐ Ulcer, duodenal 411

Renal

- ☐ Bedwetting
- ☐ Bladder disturbances 500
- ☐ Difficulty urinating
- ☐ Frequent urination 503
- ☐ Gout 504
- ☐ Painful urination
- ☐ Renal disease 506
- ☐ Stones, calcium oxalate 501
- ☐ Stones, calcium phosphate 502
- ☐ Water retention, edema

Central Nervous System

- ☐ A.L.S. 601
- ☐ Alzheimer's 600
- ☐ Cerebral palsy
- ☐ Delayed development
- ☐ Dementia 607
- ☐ Dyslexia 602
- ☐ Mental retardation
- ☐ Multiple sclerosis 603
- ☐ Myesthenia gravis 604
- ☐ Parkinson's disease 605
- ☐ Stroke 609
- ☐ Tourettes syndrome 611

Emotional / Psychological

- ☐ ADD / ADHD 702
- ☐ Anger/hostility 705
- ☐ Anorexia/bulemia
- ☐ Anxiety 701
- ☐ Autism 703
- ☐ Bipolar/manic depression 710
- ☐ Compulsive behavior (OCD)
- ☐ Depression 704
- ☐ Emotional instability
- ☐ Irritability
- ☐ Memory loss 707
- ☐ Mental confusion/brain fog
- ☐ Mind races
- ☐ Mood swings
- ☐ Learning disability 706
- ☐ Panic attacks/paranoia
- ☐ Schizophrenia 708
- ☐ Stress
- ☐ Suicidal thoughts

Endocrine

- ☐ Burning feet
- ☐ Cushing's disease
- ☐ Hyperadrenia 801
- ☐ Hyperparathyroid 802
- ☐ Hyperthyroid 803
- ☐ Hypoadrenia 804
- ☐ Hypoparathyroid 805
- ☐ Hypothyroid 806

Addictions

- ☐ Alcohol
- ☐ Drug, pharmaceutical
- ☐ Drug, street
- ☐ Gambling
- ☐ Tobacco
- ☐ Shopping
- ☐ Sugar
- ☐ Other:

Men's Health

- ☐ Infertility
- ☐ Impotence 901
- ☐ Prostate cancer 902
- ☐ Prostate enlargement 903
- ☐ Prostatitis 904
- ☐ Sexual desire decreased

Women's Health

- ☐ Abnormal pap smear
- ☐ Amenorrhea, no periods 1001
- ☐ Breast soreness 1004
- ☐ Breast tumor, benign 1002
- ☐ Breast tumor, malignant 1003
- ☐ Decreased menstrual flow 1008
- ☐ Endometriosis 1113
- ☐ Fibrocystic disease 1011
- ☐ Hot flashes
- ☐ Infertility
- ☐ Menstrual cramps 1005
- ☐ Menstrual irregularity 1006
- ☐ Ovarian cysts 1114
- ☐ Prolonged menstrual flow 1007
- ☐ Premenstrual syndrome 1009
- ☐ Sexual desire decreased
- ☐ Yeast infections

- ☐ I am pregnant
- ☐ I am lactating

Trauma

- ☐ Abuse - emotional
- ☐ Abuse - physical
- ☐ Rape
- ☐ Other:

Additional symptom(s), concerns or comments:

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■ Food (describe your typical menu)

Breakfast:.....
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Lunch:.....
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Supper:.....
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Snacks and desserts:.....
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■ Hydration

☐ Water (amount/day):..... Type of water: ☐ Urban (city managed) ☐ Drilled well (private) ☐ Natural spring water

☐ Coffee (cups/day):..... ☐ Tea (cups/day):.....

☐ Sports/Energy (drinks/day):..... ☐ Soda (bottles/day):.....

☐ Beer or wine (drinks/day):..... ☐ Strong liquor (drinks/day):.....

☐ Other beverages:.....

■ Activity

Computer use at work (hours/day):..... Internet use at home (hours/day):..... Video games (hours/day):.....

Radio entertainment (hours/day):..... Amount news programming (hours/day):.....

Television entertainment (hours/day):..... Amount news programming (hours/day):.....

Type(s) of exercise you enjoy:.....
.....

Exercise frequency (how often) and duration (how long):.....

Hours of sleep per night (avg.):..... How often do you wake during the night:.....

Nap during day (how long):.....

Do you have daily bowel movements? Yes ☐ No ☐ Frequency:.....

Stool consistency ☐ Well formed ☐ Loose ☐ Greasy ☐ Hard, dry ☐ Pellets ☐ Other:.....

■ Comment

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■ Ninth Amendment Declaration

Under the Ninth Amendment to the Constitution of the United States of America, I retain the right to freedom of choice in healthcare. This includes the right to choose my diet, and to obtain, purchase and use any therapy, regimen, modality, remedy or product recommended by the therapist, doctor or any practitioner of my choice.

The enumeration of this declaration of these rights shall not be construed to deny or disparage other rights retained by me, or my right to amend this declaration at any time.

My signature below hereby gives notice to any person who receives a copy of this declaration and who, acting under the color of law, intentionally interferes with the free exercise of the rights retained by me under the Ninth Amendment as enumerated in this declaration, that they may be in violation of my civil and constitutional rights, Title 42, U.S.C. 1983 et seq. and Title 18, Section 241.

Disclosure / Disclaimer

1. Nutritional recommendations provided Health Elite practitioners is legally considered to be alternative or complementary medicine.
2. Nutritional therapy services are not licensed by the state.
3. Nutritional therapy services include:
 - a. Recommendation of a corrective nutrition-based therapeutic protocol based on results of patient's hTMA lab results and patient intake information. hTMA is a laboratory performed analysis of the patient's hair tissue sample.
 - b. Recommendations for specific nutritional supplements and the gradual adaptation of a nutrient-dense dietary protocol.
 - c. Health improving lifestyle modifications may be recommended.
4. The hTMA guided clinical nutrition protocol is used as a method for assessing and fortifying the patient's physiological stress response and improving their cellular energy production. All testing, techniques and supplements are recommended for this purpose.
5. Legally, none of the nutritional services or products recommended by or provided by Health Elite LLC are intended as a method of diagnosis, treatment or prescription for any disease, mental, emotional or physical, real or imaginary, or as a substitute for regular medical care.

■ Patient Agreement

I have had the opportunity to discuss with the therapist the nature and purpose of the hTMA test and the corrective nutritional protocol. All of my questions have been answered to my satisfaction. I understand that results are not guaranteed. I understand that there may be other treatment alternatives, including conventional treatment offered by a state medical board licensed physician.

I have carefully read and understand all of the information on this form and am fully aware of what I am signing. I intend for this consent form to cover the entire course of treatment for my present condition, as well as any future conditions for which I may seek treatment at this clinic, and to perform the services described above to set up a nutritional balancing protocol for the purpose of enhancing my health.

Furthermore, I authorize Health Elite clinic to forward my hair sample and personal information to a licensed laboratory for a hair tissue mineral analysis (hTMA) and to share my personal information, analysis and/or other testing results with other health practitioners if needed for consultation for the purpose of analysis and nutritional therapy recommendations.

I hereby request and consent to hTMA and nutrition therapy and counseling by Health Elite practitioners for the purpose of health improvement (or, if the patient is a minor, on the patient named below, for whom I am legally responsible).

I understand that a hTMA nutritional therapist is not a state medical board licensed medical doctor, and that a conventional allopathic doctor may be recommended by this clinic, depending on my medical needs.

To indicate that you have read, understand and agree with this document, please sign and date below. Patient Signature (or Guardian, if minor):

Signature:.....

Printed Name:.....

Date:.....

Address:.....

City:.....

State/Prov:..... Zip/Postal Code:.....

Mobile:.....

Phone:.....