

*If you have questions about hTMA results you obtained elsewhere, a consultation can be helpful. Patients who wish to transfer to Health Elite clinic can use this form also.*

### What You Get

- **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 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

### What does it cost?

Fee: **\$175**

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 **include** your most recent hTMA results.

For fastest service, email to: [feelbetter@healthelite.org](mailto:feelbetter@healthelite.org)

If you can't email, mail materials to our address:

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:





## ■ 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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[illegible]

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

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Describe:.....

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

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[illegible]

# 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:.....  
.....

Lunch:.....  
.....

Supper:.....  
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Snacks and desserts:.....  
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Type of water do you drink (city, well, spring):.....

☐ 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:.....