

# Complete Food and Environmental Sensitivity Test

## Intake Form

First Name:	Last Name:
Address:	City:
State:	Zip Code:
Phone:	Email:
Gender:	Date of Birth:

### Symptoms and Concerns

Are there any health concerns you are experiencing that have prompted you to take this test? If yes, please explain:

### Prepare your hair sample

We only require a few hairs for testing – 5 to 6 strands if hair is longer than an inch, or 8 to 10 strands if shorter than an inch.

Any hair can be tested except pubic hair.

When cutting the hair, please ensure you cut as close to the root as possible.

Hair dye does not affect testing.

Continued on back

## Authorization

I hereby authorize Peak Performance to send my hair sample in for complete food and environmental sensitivity testing. This test includes a follow-up consultation and analysis of the results with one of our chiropractors.

I understand that hair testing (bioresonance therapy) is categorized as a form of Complementary and Alternative Medicine and is different than a blood test that checks for IgG or IgE allergic reaction responses.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Name of parent or guardian (if patient is a minor) \_\_\_\_\_

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## Office Use

Test Code: \_\_\_\_\_

Doctor's notes from consult:

