



Instructions for Distance Testing

1. Take 2 cotton swabs (ie: q tip) and rub on the inside of cheek, do both ends. Roll them around on cheek, not after toothpaste, coffee, gum, candy, or a meal.
2. Couple nail clippings (finger or toe), clean nails
3. Strands of hair, you can cut them or if you get the root that is a bonus. Hair from anywhere without hair spray, gel, etc. Ideally 1/8 teaspoon of hair
4. Place all items together in one baggie (the thinner the bag the better), don't label bag with marker
5. Mail baggie and this form to
  - a. Restore Health  
3211 Sunnyside Dr  
Kansasville WI 53139

Name \_\_\_\_\_ Date \_\_\_\_\_  
 Best phone number or email to contact you at \_\_\_\_\_

These questions pertain to the time since our last appointment.

Any prescription changes? \_\_\_\_\_  
 Recent trauma? \_\_\_\_\_  
 New supplements that Restore Health does not know of? \_\_\_\_\_

Digestion

How many bowel movements in one day \_\_\_\_\_

	No	Yes	If Yes, how often
Heartburn			
Burp			
Nausea after eat			
Cramp after eat			
Gassy			

Stool	No	Yes
Formed		
Diarrhea		
Constipated – needing to bare down		

Any struggles sleeping? If so staying or falling asleep? \_\_\_\_\_  
 Symptoms of fatigue present? \_\_\_\_\_  
 Rash? \_\_\_\_\_  
 Headaches or Migraines? Frequency? \_\_\_\_\_  
 Illnesses? \_\_\_\_\_  
 Allergies? \_\_\_\_\_  
 Vaccine, dental work, or chemical exposure? \_\_\_\_\_  
 The condition that is our main focus; has it increased, decreased in frequency? Less or more intense?  
 \_\_\_\_\_  
 Any other change you want to mention  
 \_\_\_\_\_