



- BEFORE YOU BOOK THE TESTS, PLEASE READ THE FOLLOWING CAREFULLY -

IMPORTANT INFORMATION

1. Having the tests carried out does not constitute a guarantee that your health can be restored.
2. The test results do not constitute a medical diagnosis. For a medical diagnosis, please consult your doctor.
3. Please do not order the supplement test (Test 4) if you are pregnant or breastfeeding. If you fall pregnant while on the supplement plan, you will need to inform me immediately.
4. The supplement plan you will receive when you order the tests is tailor-made to your specific needs and is not transferable to someone else.
5. You will need to start the supplement plan within four weeks of receiving the test results. After four weeks, your supplement plan is no longer valid.
6. Be aware that you may be required to cut out certain foods as part of the supplement plan.
7. If the tests show metal toxicity or invasive organisms, it can take up to 18 months to detox from these. During this time, retests will have to be carried out approximately every 8-10 weeks. A retest is currently £70.
8. It may be necessary to have amalgam fillings removed if they are a problem.
9. This is not a quick fix supplement plan. If your health can be restored, it can take up to 12 months to see progress.
10. In my experience over the last 25 years, your chances of success are highest if you eat meat, fish and/or eggs at least 5 days a week. Your chances of success are greatly diminished if you are vegetarian. If you are vegan, I am unable to help you.
11. Do not order the tests if you are on any recreational drugs, including weed/marijuana, because they will stop your supplement plan from working

- BIOENERGETIC TESTING IS DIFFERENT FROM CONVENTIONAL LABORATORY TESTING -

Conventional laboratory testing

Advantage: You will get a figure of how much of a toxin has been detected in your urine, blood or hair sample.

Disadvantage: The figure you get as a result of conventional testing will not include the amount of toxins that have been stored in body tissue over the years. Stored amounts of toxins can be considerable so that the actual amount of toxins present in your body is higher than the figure you are given by the laboratory.

Disadvantage: You will be given a 'normal range value' with your test results. The normal range will tell you whether the level of toxins in your body is considered 'acceptable' or whether it is considered a danger to your health. However, the normal range does not take into account differences between individuals. What is normal for one person is abnormal for the next person.

Disadvantage: If you are within the normal range, your doctor will do nothing about the toxin because the test gave you the 'all clear'. However, if you are sensitive to a particular toxin, this toxin can cause you health problems, even if you are within the normal range. Your 'all clear' is therefore inaccurate.

Bioenergetic testing

Disadvantage: You will not get a figure for the toxins that were found in your sample. Instead, you will be told that there is or that there is not a problem with a toxin.

Advantage: Bioenergetic testing will pick up a toxin in its entirety, i.e. in your blood, your urine and in your body tissues where it has settled over the years.

Advantage: You get a tailor-made plan of exactly which supplement/s you need to take to remove the toxin from your body. When there are three people with the same health problem, each supplement plan will be completely different.

Advantage: You get a tailor-made plan of how long you need to take your supplements for and at which dosage. Advantage: You can ask questions via email if you are not clear about your supplement plan or feel you have a problem with any of the supplements, and I will get back to you with an answer, normally within 2 working days, usually faster.

PLEASE RETAIN THIS SHEET FOR YOUR FILES



ORDER FORM

Please carry out the following test/s (please tick boxes you require):

- Test 1 - Toxic metals £ 80**
- Test 2 - Invasive organisms £ 80**
- Test 3 - Food intolerances £ 80**
- Test 4 - Supplement test £ 100**

I am sorry but I am completely booked out at the moment. Please check the website again at the beginning of May.

YOUR DETAILS

Mr / Mrs / Miss / Ms		Date of birth
		<input type="text"/>
First Name	Surname	
<input type="text"/>	<input type="text"/>	
Address and City		
<input type="text"/>		
Post code / Zip code	Country	
<input type="text"/>	<input type="text"/>	
Tel. no.	Email	
<input type="text"/>	<input type="text"/>	

- Your personal details will NOT be sold to third parties -

Your GP's details

Name of the practice where you are registred
<input type="text"/>
Address of the practice
<input type="text"/>

Payment

- For UK clients and all international clients**
I would like to pay £ _____ by **PayPal**. Please send me a PayPal invoice.
- I'm in the **UK** and would prefer to pay by **bank transfer**.
Please send me your bank details.



How to take a hair sample

- Cut off approximately **5 hairs** from the back of your neck, close to the scalp. If you have no hair on the back of your neck, hair from other places on the head will be OK as well.
- It does not matter if your hair is dyed. If possible, send unwashed hair.
Do not take the hair from a brush as this could contain someone else's hair and confuse the results.
- Put your sample into a white clean piece of paper or tissue and lightly sellotape it shut. I cannot accept hair that has been wrapped in plastic.

How to take a nail sample

- If you have no hair or your hair is too short, send in some nail clippings from fingernails.
- If you wear nail varnish, you need to take it off before you cut the nail. If your nails are short, send little clippings from several finger nails.
- Put your sample into a white, clean piece of paper or tissue and sellotape it shut so the clippings cannot fall out of the paper. Then place the wrapped paper/tissue into an envelope or a little plastic bag.

QUESTIONNAIRE

WHERE DID YOU HEAR ABOUT US? Please tick relevant box.

- | | |
|---|---|
| <input type="checkbox"/> Search Engine | <input type="checkbox"/> Referral by practitioner |
| <input type="checkbox"/> Recommendation | <input type="checkbox"/> YouTube video |

1. What is the main health issue that you want me to address with the tests?

2. What other health issues do you have?



3. Do you suffer from any of the following more than you feel you should?
Please tick the relevant box:

- | | | |
|--|--|---|
| <input type="checkbox"/> unexplained weight loss | <input type="checkbox"/> constipation | <input type="checkbox"/> itchy skin on the body |
| <input type="checkbox"/> exhaustion | <input type="checkbox"/> headaches | <input type="checkbox"/> sleeping problems |
| <input type="checkbox"/> joint pain | <input type="checkbox"/> diarrhoea | <input type="checkbox"/> irritability |
| <input type="checkbox"/> depression | <input type="checkbox"/> anxiety | <input type="checkbox"/> fuzzy-headedness |
| <input type="checkbox"/> bloating | <input type="checkbox"/> problems concentrating | <input type="checkbox"/> cold hands or/and feet |
| <input type="checkbox"/> high blood pressure | <input type="checkbox"/> low blood pressure | <input type="checkbox"/> deteriorating memory |
| <input type="checkbox"/> unexplained pains in the body | <input type="checkbox"/> overweight but cannot lose it | <input type="checkbox"/> other: |

TEETH

4. Do you have any silver/grey amalgam fillings in your teeth?
If so, how many?

5. Have you ever had any silver/grey amalgam fillings in your teeth that were removed? If so, approximately how many?

6. Do you have any gold fillings or gold crowns?

7. Do you have any root canal fillings in your teeth?

8. Have you had any of your permanent teeth or your wisdom teeth pulled out?

9. Do you have problems with your gums?

- Puffiness?
 Bleeding?
 Receding?



FOOD AND DRINK

10. How much alcohol do you consume in a week?

11. Are you vegetarian?

a) If you are vegetarian, do you eat eggs and cheese?

12. What do you eat for a typical breakfast?

13. What do you eat for a typical lunch?

14. What do you eat for a typical dinner?

15. What foods do you eat between meals as snacks?

16. What type of liquids do you take during the day?

17. Do you eat chocolate and/or sweets every day?

18. Do you find it hard to resist sweet foods (biscuits, cakes, sugary drinks)?

GENERAL

19. Do you have any pets or do you come in daily contact with animals?

20. Do you smoke? If yes, how many cigarettes/cigars on average?

21. Have you ever had operations with general anaesthetics? If yes, how many?

22. If you are currently on **prescribed medication**, please state what you are taking:



- DO NOT DISCONTINUE PRESCRIBED MEDICATION UNLESS ADVISED TO DO SO BY YOUR DOCTOR -

23. For approximately how many hours a day do you use your mobile/cell phone?

24. For UK clients: Do you have a SmartMeter installed in your home?

25. Do you have any tattoos? If so, how many?

26. Do you have any body piercings except ear lobes? If so, where are the piercings?

27. Do you have any metals in your body (dental implants, screws in bones, shrapnel etc.)?

Please specify.

28. Have you ever had an accident, a severe fall or were hit very hard anywhere on the body?

Please give details.

29. Have you had the Covid jab? If so, how many?

Supplements

30. Are you currently taking any supplements? If so, which brand (i.e. 'Solgar') exact name of supplement ('Gentle Iron') and what dosage (1 tablet/day)?

I am not taking any supplements.



Profession

31. What do you do professionally?

For female clients:

32. Are you currently...

- ... pregnant?
- ... breastfeeding?
- ... trying to become pregnant?
- ... fitted with a copper coil?
- ... fitted with any other type of coil?
- ... none of the above.

(Please tick all relevant boxes.)

I confirm that I have read the Important Information on page 1 and have retained the sheet for my records.

Date

Signature

Please send your

- **order form with completed questionnaire**
- **payment** and
- **hair / nail sample**

to

**GetMyHealthBack
70 Churchwood Drive
Chichester PO20 2GS
UNITED KINGDOM**



ORDER FORM



If you are **vegetarian**, please complete the following form and send it back together with your order form and sample.

I regret that I won't be able to help you if you are vegan.

If you are **pescatarian**, you do not have to sign this form.

Disclaimer Form

- I confirm that I am vegetarian but I am prepared to eat eggs.
- I confirm that I have been advised that heavy metal detoxification will only be possible if I eat 2 tablespoons of meat and/or fish at least 5 days a week in addition to eggs..
- I understand that without regular intake of meat, fish or eggs, the detoxification process will be severely hampered, and my chances of improving my health issues are substantially reduced.

Date

Full Name

Signature

Please keep a copy of this form for your own files and send a signed and dated copy back with your order form and sample.