

Compatibility Program

ONLINE FORM

Thank you for purchasing The Compatibility Program.

Once payment has been made, please cut a small sample of hair(1/4 tsp from anywhere on head/body)

Place in a small zip lock bag with your name on the outside

Post to

Once results have been received I will contact to arrange a suitable time to go over the report.

First/Surname

DOB

Enter Parents name (or Pet's owner)

Email

Symptoms (max 10)

Acne / Rosacea	ADD / ADHD	Arthritis	Asthma	Bad Breath
Behavioural	Bloating	Brain Fog	Constipation	Coeliac
Chronic Fatigue	Depression	Diarrhoea	Ear Infection	Eye Infection
Excess Mucous	Flatulence	Hives	Headaches	Itchy Skin
Irritable Bowel	Joint Pain	Migraine	Muscle Aches	Nausea
Persistent Cough	Pains	PMS	Psoriasis	Rashes
Reflux	Restless Legs	Sinus/Hayfever	Sleep Disorder	Tiredness

Other Symptoms/Notes

Tests

500+ Standard

Baby Test
(includes 600 standard)

Animal Test
(includes 600 standard)

Re-test (6-9mths)

Aldi (when ordered with 600 list)

Woolworth (when ordered with 600 list)

Coles (when ordered with 600 list)

Indian (when ordered with 600 list)

Extra Test Items (max 5)

Payment details

Card Details

CVV

Card Holder

Card Type

Visa

Master Card

Expiry Date