

## **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 hair will regrow.
2. The test results do not constitute a medical diagnosis. For a medical diagnosis, please consult your doctor or dermatologist.
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 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 After four weeks, your Supplement Plan is no longer valid.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 and/or invasive organisms, it can take up to 12 months to detox from these. During this time, retests will have to be carried out approximately every three months. The retest fee is £70.
8. It may be necessary to have amalgam fillings replaced if they are a problem.
9. This is not a quick fix supplement plan. If your hair growth 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 eggs at least 6 days a week. Your chances of success are greatly diminished if you are vegetarian. If you are vegan, I am not able to help you and won't accept you as a client.
11. Do NOT order the tests if you are on any recreational drugs, including weed/marijuana.
12. It is OK if you do interval fasting, but I won't be able to help you if you are fasting longer than 18 hours.

### **HGUK 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 toxin 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 and hair loss problems, even if you are within the normal range. Your 'all clear' is therefore inaccurate.

#### **HGUK 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:** The HGUK testing will pick up a toxin in its entirety, i.e. in your blood, your urine and in your body tissues where it may have 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. In that way, physical balance is restored which increases the chances of your hair recovering

**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 e-mail 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, often faster.

**PLEASE RETAIN THIS SHEET FOR YOUR RECORDS.**

## ORDER FORM

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

- ☐ **1 Toxic metals £ 80**
- ☐ **2 Invasive organisms £ 80**
- ☐ **3 Food intolerances £ 80**
- ☐ **4 Supplement test £ 100** (not available on its own)

The fee for all the tests, normally £340, is **reduced to £210**, provided your order form, sample and payment reach me by Friday, 24th May.

**PLEASE WRITE CLEARLY** or go to [www.pdfescape.com](http://www.pdfescape.com) to fill this in on your computer

Mr / Mrs / Miss / Ms

Date of birth:.....

First Name ..... Surname .....

House number and Street .....

Town/City .....

Post code/Zip code ..... Country .....

Tel. no. .... E-mail address .....

**Your personal details will NOT be sold to third parties.**

☐ **For UK clients only**

I have made a bank transfer for £ ..... into the following account:

Vera Peiffer

Nationwide

Sort code: 07-02-46

Account: 0803 5841

☐ **For UK clients and all international clients**

I would like to pay £ ..... by **PayPal**. Please send me a PayPal invoice.

*Please fill in the next few pages either on your computer or by hand (neatly please!).*

*You can then either*

- *print out all the pages, including this one, and send them by post, together with your sample,*

*or*

- *take photos of each page and email them to me at [hairgrowthUKhelp@gmail.com](mailto:hairgrowthUKhelp@gmail.com) and send your sample with your name on it separately in the post.*

### **How to take a hair sample**

If your hair is actively falling out at the moment: Go with your fingers through your hair and close your fingers. Send me hair that has been left between your fingers. I need at least 5 hairs.

If your hair is thinning but not actively falling out: 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 is 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. The larger you can make the clipping, the better. If in doubt, send little clippings from several nails.

Put your sample into a white, clean piece of paper and sellotape it shut so the clippings cannot fall out of the paper. **I cannot accept nails that have been wrapped in plastic.**

## **QUESTIONNAIRE**

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

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Search engine                 | <input type="checkbox"/> Hairdresser          | <input type="checkbox"/> Referral by practitioner |
| <input type="checkbox"/> Recommendation                | <input type="checkbox"/> YouTube video        |   |
| <input type="checkbox"/> Regrowing Hair Naturally book | <input type="checkbox"/> Help Your Hair ebook |   |

### **Hair and Scalp**

- Please tick below **all** the types of hair loss you are suffering from.
  - ☐ My hair comes out in round patches.
  - ☐ I have lost all the hair on my head.
  - ☐ I have hair loss on my face   ☐ eyebrows   ☐ eye lashes   ☐ facial hair   ☐ beard
  - ☐ I have lost all the hair on my head, my face and all/most of my body hair.
  - ☐ The hair on my head is thinning everywhere on my head.
  - ☐ My hair is thinning only in particular areas on my head. These are the areas:
    - ☐ front hair line
    - ☐ crown
    - ☐ parting
    - ☐ from front hair line to crown
    - ☐ around the periphery of my hair line from the front to above the ears to the nape of my neck
- How long ago did you first notice problems with your hair?
- Do you also suffer with scalp problems, for example
  - ☐ dandruff
  - ☐ sensitive scalp
  - ☐ itchy scalp
  - ☐ red scalp
  - ☐ any other conditions on the scalp? (Please describe briefly).

4. Do you suffer from any other health problems except hair loss?
- 

**TEETH**

5. Do you have any silver/grey amalgam fillings in your teeth?  
If so, how many?
6. Have you ever had any silver/grey amalgam fillings in your teeth that were removed? If so, approximately how many?
7. Do you have any gold fillings or gold crowns?
8. Do you have any root canal fillings in your teeth?  
If so, how many?
9. Have you had any of your permanent teeth or your wisdom teeth pulled out? If so, how many?
10. Do you have problems with your gums?
- ☐ Puffiness?
  - ☐ Bleeding?
  - ☐ Receding?
- 

**FOOD AND DRINK**

11. How much alcohol do you consume in a week?
12. Are you vegetarian?  
12 a) If you are vegetarian, do you eat eggs and cheese?
13. What do you eat for a typical breakfast?
14. What do you eat for a typical lunch?
15. What do you eat for a typical dinner?
16. What foods do you eat between meals as snacks?
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17. What type of liquids do you take during the day?
18. Do you eat chocolate and/or sweets every day?
19. Do you find it hard to resist sweet foods (biscuits, cakes, sugary drinks)?

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### GENERAL

20. Do you have any pets or do you come in daily contact with animals?
21. Do you smoke? If yes, how many cigarettes on average?
22. Have you ever had operations with general anaesthetics? If yes, how many?
23. 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.

24. Are you having any conventional treatment for hair loss such as
  - ☐ steroid tablets?
  - ☐ steroid injections?
  - ☐ Minoxidil/Regaine/Rogaine
  - ☐ Propecia/Proscar?
  - ☐ Irritants?
  - ☐ other? Please describe .....
  - ☐ none of the above
 (Please tick the relevant box/boxes.)
25. For approximately how many hours a day do you use your mobile/cell phone?
26. For UK clients: Do you have a SmartMeter in your home?
27. Do you have any tattoos? If so, how many?
28. Do you have any body piercings except ear lobes? If so, where are the piercings?
29. Do you have any metals in your body (dental implants, screws in bones, shrapnel etc.)? Please specify.
30. Have you ever had an accident, a severe fall or were hit very hard anywhere on the body? Please give details.

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

32. 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"/> unexplained pains in the body | <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"/> overweight but cannot lose it |   |
| <input type="checkbox"/> high blood pressure           | <input type="checkbox"/> low blood pressure            | <input type="checkbox"/> cold hands or/and feet |
| <input type="checkbox"/> joint pain                    | <input type="checkbox"/> problems concentrating        | <input type="checkbox"/> deteriorating memory   |

33. Any other symptoms :

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### Supplements

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

35. ☐ I am not taking any supplements.

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### Profession

36. What do you do professionally?

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### For female clients:

37. Are you currently
- ☐ pregnant?
  - ☐ breastfeeding
  - ☐ trying to become pregnant?
  - ☐ fitted with a copper coil?
  - ☐ fitted with any other type of coil?

(Please tick all relevant boxes.)

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**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

HairgrowthUK  
70 Churchwood Drive  
Chichester PO20 2GS  
UNITED KINGDOM

If you are **vegetarian**, please complete this 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.

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**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 1 tablespoon of meat and/or fish on 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 hair growth are substantially reduced.

.....  
PRINT your name

.....  
Sign

.....  
Date

*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.*