

Health Form

Title		First Name	Last Name	
Full Address				
			Postcode	
Phone			Mobile	
Email				

Date of Birth		Place of Birth including town and country	
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Male/Female		Height		Weight	
Occupation			GP Name/Address If known		

Brief medical history (if any)

Primary reason for test (if any)

Specify test required: ie: Wheat. Dairy. Standard Food. Full Health etc:

Payment by Paypal or by cheque (payable to Langton Smith Health).

Signed Date

REMEMBER TO ENCLOSE A SMALL SAMPLE OF HAIR OR FINGERNAILS (APPROX 10 HAIRS 1 CM OR ¼ INCH LENGTH MINIMUM)

Please send the completed form and hair sample to:
Langton Smith Health, 37 Surrey Street, Littlehampton, West Sussex, BN17 5BH