



# A Hair Loss Solution Trichology Clinic

(A Jarmstead Unlimited Corporation located at Body, Soul and Spirit Salon)

Post Office Box 34190 - 222 Leland Avenue - San Francisco, California 94134

415.333.7261 (local/fax) or 877.374.5152 (toll-free)

[www.AHairLossSolution.com](http://www.AHairLossSolution.com) or [www.BodySoulAndSpiritSalon.com](http://www.BodySoulAndSpiritSalon.com)

## Hair Essentials & Toxic Elements Exposure Analysis



- Discover hidden toxins in your body that may be contributing to negative health symptoms
- Determine exactly what chemicals are inside of you, possibly preventing healthy hair
  - One of the most accurate ways of detecting toxic metals within your tissues
    - Discover vitamin and nutrient imbalances within your system
  - Identify the cause(s) of your health symptoms before you attempt to 'heal' them
    - Laboratory testing tells what toxins have accumulated in the body tissues
      - Tell what vitamins and minerals are depleted or too abundant causing an imbalance in body functions resulting in hair and scalp disorders.
- Detoxify unnatural chemicals and replace specific vitamins individual to your needs--proper health can be restored through nutrition ( the hair analysis can detail these unnatural levels)

### How to Submit Your Hair

#### Step 1: Complete Hair Analysis Profile

Upon purchasing your Hair Analysis, you will be emailed/mailed the documents for Hair Analysis Profile within three (business) days. Complete the Profile and mail back to us for analysis together with your hair samples.

#### Step 2: Collect Hair Samples & Return (Obtain hair samples in and around problem areas)

\*Place white sheet of paper on desk or table.

\*Gently rub scalp, comb hair or brush hair to loosen hairs onto paper. **PLEASE DO NOT CUT HAIR.**

\*Our laboratory needs at least a **heaping teaspoon** of **CLEAN** hair strands.

\*Concentrate on thinning or problem areas for hair samples.

\*Place hair strands in a plastic bag that seals.

\*Mark bag with your full name, date, and telephone number.

### **Step 3: Mail Completed Profile and Hair Samples**

After collecting, bagging and marking your hair samples, mail samples to us for lab analysis. Mailing information is also included with your purchased Hair Analysis Profile documentation. Generally, we complete and return results within 4 to 5 weeks from receipt.

**Mail to: A Hair Loss Solution Trichology Clinic, c/o Body, Soul and Spirit Salon, PO Box 34190, San Francisco, California, 94134**

### **Step 4: Your Analysis Completed**

You will be emailed/mailed a complete, detailed analysis and recommendations for your files and reference. Your Hair Analysis Report provides an in-depth analysis of your hair. The Report identifies specific problems, and suggested solutions related to regimen and health practices, as well as specific products used to address hair breakage, hair loss, hair thinning, and steps to achieve and maintain healthy hair.

### **Special notes:**

1. Hair that has been permanent waved, dyed, bleached, relaxed or otherwise chemically treated is vulnerable to elemental contamination.
2. Medicare or any other medial/health insurance does not cover this test.

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### **Release Statement/Terms & Conditions/Disclaimer**

Our services do not diagnose or prescribe for disease conditions. All clients are encouraged to seek competent medical help when those services are deemed necessary. Each client accepts total responsibility for his/her own health care and maintenance.

Nothing said, done, performed, typed, printed, or produced by us is intended, meant to diagnose, prescribe, treat a disease or make any attempt to cure any disease condition, and we make no claims or imply any claims that suggestions given to the client are to cure any condition. Furthermore, we do not claim that any supplemental material we may suggest will cure any condition or that its purpose is to treat any condition. We do not prescribe for or treat any disease.

Hair analysis interpretation and recommendations are not intended to replace current healthcare diagnoses or medical treatment. We encourage you to make your own health care decisions based upon your research and in partnership with a qualified health care professional or licensed physician. Nutritional research assessments and suggestions are intended only for the support and maintenance of optimal health and do not involve diagnosing, prognosticating or prescribing of food supplements or remedies for the treatment of disease conditions.

A variety of non-invasive research methods, modalities and programs may be used: enzyme research, pH testing (urine and saliva), laboratory hair analysis for essential elements and toxic elements and/or polarized microscopic hair analysis testing.

By purchasing a hair analysis, you agree to the terms of this agreement: No other agreements, covenants, representations or warranties, expressed or implied oral or written, have been made by A Hair Loss Solution or anyone in connection with the use of this program.

In consideration for the use of A Hair Loss Solution's program, I hereby release its successors, administrators, lessors, associates and assigns, from any and all claims, demands, damages, actions or cause of actions, or suits in law or equity of any kind or nature whatsoever, in connection with the use of this program.

I will give notice to A Hair Loss Solution should I become pregnant or if there is a possibility that I could be pregnant. I will inform A Hair Loss Solution of medications I am currently using and of any heart, liver, kidney or other disease, etc.

All clients' personal information will be treated with the strictest confidentiality and no records or personal information will be released to anyone without written authorization.

Payment in full for the hair analysis is due before lab testing. Refunds are only issued prior to samples being sent to the lab. **Once the hair is received and sent to the lab, you cannot receive a refund.** If for any reason you decide you do not want to send your hair after you have sent payment, then you are refunded 100% of your money. Contact us for more information

The U.S. Food & Drug Administration has not evaluated statements about product(s) efficacy. Again, our work is not intended to diagnose, treat or cure any disease. A Hair Loss Solution is not a medical facility and staff members or trichologist are not medical doctors and have made no representations to that effect.

I have read all of the above, fully understand, and completely agree with its legal effects. I consent to participating with A Hair Loss Solution freely and voluntarily by ordering the hair analysis and any attached services within the framework stated above.

Manage many hair problems with the specified hair treatments and products designed to cleanse, and treat. [Get started today!](#)



# Hair Essentials & Toxic Elements Exposure Analysis Profile

## Patient Information

Client # \_\_\_\_\_ First Initial \_\_\_\_\_ Last Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Sex: M F

## Hair Elements

Natural Hair Color: (*Black Blonde Brown Brunette Grey Red*) \_\_\_\_\_

Past 60 days have you used: (*Perm Dye Bleach*) \_\_\_\_\_

Shampoo used: \_\_\_\_\_

Type of hair provided for test: **Head**

## Artificial Sweetener Information

Do you currently consume aspartame or sucralose? \_\_\_\_\_

Did you ever consume chemical sweeteners? \_\_\_\_\_

How long have you been using or how long did you consume chemical sweeteners? \_\_\_\_\_

Did your health symptoms begin after using artificial sweeteners (think back)? \_\_\_\_\_

Did you or do you ever use Equal (the blue packet)? \_\_\_\_\_

Please list diet products (low carb, sugar-free) or nutritional supplements and vitamins you use/used regularly:

\_\_\_\_\_  
\_\_\_\_\_

## Medical/Health Information

Do you have allergies? (*Seasonal Molds Food*) If so, please explain: \_\_\_\_\_

\_\_\_\_\_

Do you have stomach problems? (*Indigestion Constipation Diarrhea*) \_\_\_\_\_

Do you have diabetes? (*Type I or Type II*) \_\_\_\_\_

How many hours do you sleep per night on average? \_\_\_\_\_

How do you feel when you wake up? (*Rested Tired Depressed Sore*) \_\_\_\_\_

Please circle all that apply:

*Alcoholism (Past or Present) Heart Disease Headaches Skin Problems Depression Muscle Aches*

Do you currently take medications? Please list medications you use/used regularly: \_\_\_\_\_

\_\_\_\_\_

Have you ever had surgery? If so, please explain your surgery: \_\_\_\_\_

Client # \_\_\_\_\_ First Initial \_\_\_\_\_ Last Name \_\_\_\_\_

### **General Information**

Have you been exposed to environmental/occupational/industrial/chemical hazards (military bases, telecommunications, mining, etc.)? \_\_\_\_\_

What is your approximate weight? \_\_\_\_\_ What is your approximate height? \_\_\_\_\_

Are you concerned about your weight? \_\_\_\_\_

Do you use tobacco (cigarettes)? (*Past or Present*) Second Hand? How long if applicable? \_\_\_\_\_

**Would you like to:** (Please circle all that apply)

- Have more energy*   *Be stronger*   *Have fewer colds or flu*   *Improve memory*
  - Be more emotionally stable*   *Be less dependent on over-the-counter medications (i.e. aspirin)*
  - Be more muscular*   *Be free of pain*   *Sleep longer and better*   *Lose weight*
  - Reduce risk of inherited heart disease*   *Feel more motivated*   *Get rid of allergies*
- Other: \_\_\_\_\_

### **Other information:**

Other information or additional comments, including genetic history of concern: \_\_\_\_\_

How did you hear about the hair analysis program? \_\_\_\_\_

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