Spur-A-Min® HandelsgesmbH
Mineralmedizin® & Analytik

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Your specialist for
- Orthomolecular Analysis of Bulk and Trace Elements, Toxic Elements, Pollutants, Heavy Metals in Organic Materials; Hair, Blood, Urine & Water
- Nutritional Supplements

To
SPUR-A-MIN® HandelsgesmbH
Mineralmedizin® und Analytik
zH Dr. Wolfgang Gruber
Paul-Petersgasse 2
A-2384 Breitenfurt

# Registration Form for Hair Mineral Analysis

Please fill out all the fields either by hand or in the PDF document – all the information is necessary for your analysis! Print out the form and send it to us, signed, with the relevant Hair Sample.

**Name** m f **Surname**

**Street/Nr.**

**Postcode** **City**

**Date of Birth** **Job**

**Height** in cm **Weight**

**Tel.** **Mobile**

**eMail**

**Date of Hair Extraction**

**Hair Type** ☐ Head Hair ☐ Pubic Hair

**Please make sure you refer to the sample extraction instructions, and send the required amount of hair!**

**Natural Hair Colour** ☐ blonde ☐ brown ☐ grey ☐ red ☐ black

**Shampoo**

**Diet Info** ☐ wholesome ☐ high protein ☐ high carbohydrate ☐ vegetarian ☐ lactovegetarian ☐ vegan ☐ medicinal diet ☐ mediterranean ☐ varied diet ☐ Typically Austrian ☐ without Pork

**Exercise Frequency** ☐ regular ☐ moderate ☐ rarely

**Conditions/Issues**

| | | | |
|---|---|---|---|
| ☐ Allergies | ☐ Anemia | ☐ Arthroses | |
| ☐ Asthma | ☐ High blood pressure | ☐ Diabetes I | ☐ Diabetes II |
| ☐ Fertility disorder | ☐ Gout | ☐ Hair loss | ☐ Skin disorders |
| ☐ Heart problems | ☐ Hyperactivity | ☐ Immunodeficiency | ☐ Susceptibility to infection |
| ☐ Headaches | ☐ Lack of concentration | ☐ Tiredness | ☐ Neurodermatitis |
| ☐ Osteoporosis | ☐ Impotency | ☐ Rheumatism | ☐ Sleep disturbances |
| ☐ Overweight | ☐ Underweight | ☐ Menopausal problems | ☐ Wound healing problems |

☐ Others:

| | | | | | |
|---|---|---|---|---|---|
| **Are you pregnant?** | ☐ no | ☐ yes | Currently breastfeeding? | ☐ no | ☐ yes |
| **Were you breastfed?** | ☐ no | ☐ yes | For how long? | | |
| **Bone density measurement?** | ☐ no | ☐ yes | When? | | |
| **Raised hormone levels?** | ☐ no | ☐ yes | Since when? | | |
| **Do you smoke?** | ☐ no | ☐ yes | How often? | | |
| **Do you drink alcohol?** | ☐ no | ☐ yes | How much? | | |
| **Do you drink coffee?** | ☐ no | ☐ yes | How much? | | |
| **Amalgam fillings?** | ☐ no | ☐ yes | How many? | | |
| **Performed any detoxes?** | ☐ no | ☐ yes | With what? | | |

**Medications**

I would like (please tick as appropriate):

☐ **Hair Mineral Analysis** for € 159,00

☐ **Hair Mineral Analysis** for € 169,00 including the Book »Doc, ... We have a Problem!«

☐ I hereby confirm that the hair sample is free from chemical colouring and is not permed.

☐ My last analysis was in the year _____.

☐ I would like to receive the **newsletter** to be informed about offers and useful information.

*With my signature, I confirm the order to analyze the hair sample; I read and understood the information; I pay the amount of the ordered analysis after I got the invoice; I have completed the 18th year of life or I am the legal guardian (name also in block letters).*

Date Signature

Data will not be passed on to any third parties!

All prices inclusive of VAT at 20%.

Reference: (Do not fill in. Office use only)

SPEICHERN