

# ORDER FORM

Barbara Bourke "Holistic Health Mackay"

For your allergy test simply send us a small clump of your hair (enough to cover the shade area)

Hair Sample must be placed in an envelope or plastic bag. If more than one hairsample is send with this form please put in separate envelopes with names on each

Colours, perms or medications do not affect the testing  
Please complete the following list of your Symptoms

<input type="checkbox"/> Sinus/Hayfever	<input type="checkbox"/> Psoriasis	<input type="checkbox"/> Bloating
<input type="checkbox"/> Asthma	<input type="checkbox"/> Excess Mucus	<input type="checkbox"/> Flatulence
<input type="checkbox"/> PMS	<input type="checkbox"/> Thrush	<input type="checkbox"/> Hives
<input type="checkbox"/> Headaches	<input type="checkbox"/> Earache	<input type="checkbox"/> Irritable Bowel
<input type="checkbox"/> Acne	<input type="checkbox"/> Digestive	<input type="checkbox"/> Fatigue
<input type="checkbox"/> Rashes/Itchy Skin	<input type="checkbox"/> Constipation	<input type="checkbox"/> ADD/HD
<input type="checkbox"/> Arthritis	<input type="checkbox"/> diarrhoea	<input type="checkbox"/> Sleep Disorders
<input type="checkbox"/> Migraine	<input type="checkbox"/> Bad Breath	<input type="checkbox"/> Restless Legs

Other \_\_\_\_\_

Date of Birth...../...../.....      Male       Female

400 Item Test      Baby Test

Please "X" for appropriate Allergy Test (s)

    

Please write clearly so we won't have any problems mailing your Allergy report.

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ P.Code/Zip \_\_\_\_\_ Phone \_\_\_\_\_

E-mail (for allergy report) \_\_\_\_\_

**Please send to:**

Barbara Bourke  
Allergy Testing Centre  
PO Box 352  
Mooloolabah Qld 4557  
AUSTRALIA

**Calls within Australia**

Ph: 07 49513003

M: 0419116913

**Calls from Overseas**

Ph: 61 + 7 49513003

M: 61 + 419116913