



# H.N.S Analysis

MUST HAVE AN APPOINTMENT SCHEDULED PRIOR TO MAILING DNA SAMPLES  
TO SCHEDULE THE APPOINTMENT PLEASE CALL 816-655-2155

## PATIENT INFORMATION

NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_  
PHONE NUMBER: \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_  
BIRTHDAY: \_\_\_\_\_ WEIGHT: \_\_\_\_\_ HEIGHT: \_\_\_\_\_ GENDER: M F  
FEMALE PATIENTS: ARE YOU PREGNANT? YES NO ARE YOU BREASTFEEDING? YES NO

## DIRECTIONS

- 1) PLACE TWO Q-TIPS SATURATED WITH FIRST MORNING SALIVA (BEFORE BRUSHING) IN A ZIPLOC BAG.
- 2) PLACE A FEW NAIL CLIPPINGS (FINGERS, TOES OR BOTH) IN A SEPARATE ZIPLOC BAG.
- 3) PLACE A TABLESPOON OF HAIR IN A SEPARATE ZIPLOC BAG.
- 4) PLEASE MAKE SURE YOU HAVE YOUR NAME ON EACH BAG.
- 5) PLACE ALL IN AN ENVELOPE ALONG WITH THIS FORM AND MAIL TO: LIVING BY NATURE 101 NE 62ND TER. GLADSTONE, MO. 64118

**IMPORTANT- DO NOT MARK SIGNATURE REQUIRED.** If I am not in the office to sign for it the carrier will not leave it and it will have to be resent.

MAJOR CONCERNS: \_\_\_\_\_

PRESCRIPTION MEDICATIONS: \_\_\_\_\_

SUPPLEMENTS CURRENTLY TAKING: (VITAMINS/HERBS) \_\_\_\_\_

FAMILY HISTORY OF ILLNESS OR DISEASE: \_\_\_\_\_

HOW WOULD YOU LIKE THE RESULTS SENT TO YOU? PICK ONE:  EMAIL  HOME MAILING ADDRESS  
 OTHER: \_\_\_\_\_

## PAYMENT INFORMATION

COST OF TEST FOR NEW CLIENTS OR CLIENTS NOT SEEN IN THE LAST YEAR IS \$125 FOR ADULTS, \$75 FOR CHILDREN/PETS UNDER THE AGE OF 16.

FOLLOW UP VISITS ARE \$35 FOR ADULTS AND \$25 FOR CHILDREN/PETS.

CASH  CHECK  CREDIT

CARD NUMBER: \_\_\_\_\_ EXP DATE: \_\_\_\_\_ CW: \_\_\_\_\_ TYPE: \_\_\_\_\_

PLEASE MAKE SURE TO READ THE DISCLAIMER, SIGN AND RETURN AS WELL.