**Consultant Postal Address & Contact**

Elizabeth Pattalis Nutritionist

28 Kingston Ave, Concord, NSW, 2137

Ph: 0433 442 282

**Consultant Details**

**Client Details;**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date of Birth….../.…../……

Parents Name if child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Male Female NA

Address:

Suburb:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State:\_\_\_\_\_\_\_\_\_\_\_ Postcode/Zip:\_\_\_\_\_

Country:

Phone:

Email:

**Instructions**

1. Complete details. Send form and hair sample to Elizabeth Pattalis. Form can be emailed back or sent with hair sample. Hair sample should be enough to cover shaded area and placed in a zip lock bag.
2. Complete your payment details via the website or you can call Elizabeth on 0433 442 383 to pay on the phone. Samples will not be processed until payment is received.
3. Elizabeth will be in touch with your results in approximately 14 days.

**Please list your symptoms**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **[ ] acne / rosacea** | **[ ] Coeliac Disease** | **[ ] Headaches/ Migraine** | **[ ] Rashes/ skin** |  |
| **[ ] ADD /** | **[ ] Constipation** | **[ ] Hives** | **[ ] Reflux** |
| **[ ] arthritis** | **[ ] Diarrhoea** | **[ ] Irritable Bowel** | **[ ] Restless Legs** |
| **[ ] asthma** | **[ ] Digestive** | **[ ] Muscle /Pain/Aches** | **[ ] Sinus Hayfever** |
| **[ ] bad breath** | **[ ] Ear Infections** | **[ ] Nausea** | **[ ] Sleep Disorders** |
| **[ ] behavioural** | **[ } Excess Mucous** | **[ ] Persistent Cough** | **[ ] Tiredness** |
| **[ ] bloating** | **[ ] Eye Infections** | **[ ] PMS** | **[ ] Thrush** |
| **[ ] Chronic Fatigue** | **[ ] Flatulence** | **[ ] Psoriasis** | **[ ] Weight Control** |

Other………………………………………………………………………………………