

Filling Date

Cod. M T

First Name Last Name

Address

Post Code Town

County

Place and date of birth M F

NI Number

Phone Number e-mail

Profession (including previous)

Referring physician

Reason for referral

SUBJECTIVE PROFILE

Sample origin
 Hair Pubic hair

Natural hair-colour
 Black Blonde Grey Brown Red White

Tainted colour
 Yes No

Smoker Yes No Cigarettes per day Weight kg Height cm

Blood Pressure
Min. Max.

Pregnant Yes No Month? Menopause Yes No

Body-build
 Short Thin Asthenic (weak)
 Sthenic Long-limbed Obese

Present dental amalgams
 Yes No Quantity For how many years?

Removed dental amalgams
 Yes No Quantity When?

With protected Protocol
 Yes No Quantity

Blood group
 O A B AB

ALOPECIA CAUSES AND/OR COMBINATIONS OF

- eczematous eruptions
- associated with abundant dandruff
- hot flushes
- itching of the head skin (scalp)
- youth age
- climacteric
- nervous breakdown
- other

PATHOLOGICAL HERITAGE

- allergies
- neurological problems
- psychiatric problems
- tumours (cancer)
- heart disease
- nephropathy
- metabolic illness
- other

PATHOLOGICAL BACKGROUND OF THE PATIENT

PATHOLOGIES

- allergies
- cardiovascular system
- osteoarticular system
- endocrine system
- psychiatric system
- other
- dermatology
- gastrointestinal tract
- urogenital system
- neurological system
- respiratory system (airways)

SURGERIES

- tonsillectomy
- hysterectomy
- appendectomy
- prostatectomy
- other

MENTAL ATTITUDE OF THE PATIENT

- energetic
- optimistic
- fickle
- forgetful
- well-balanced
- depressed
- lazy
- strong-minded
- nervous
- extroverted
- stressed out
- anxious
- hesitant
- open-minded
- irritable (nervy)
- introverted
- emotional
- moody
- other

SYMPTOMATOLOGIC AND/OR PATHOLOGICAL COMBINATIONS OF

NEUROLOGICAL

- multiple sclerosis
- Alzheimer
- epilepsy
- Parkinson
- autism
- other

RESPIRATORY TRACT (AIRWAYS)

- allergies
- asthma
- chronic bronchiitis
- emphysema
- repeated phlogosis first respiratory tract (airways)
- virus diseases
- infectious status
- other

MUSLEC-SKELETAL

- rheumatoid arthritis
- cramps (of stress)
- cramps (nocturnal)
- articular disorders
- osteoporosis
- osteoarthritis
- disc problems
- articular stiffness
- Paget's disease
- bone diseases (osteomalacia)
- scoliosis
- migrant pains
- fixed pains
- other

CARDIOVASCULAR

- angina
- tachycardia
- cephalalgia
- hypercholesterolemia
- hypertension
- arteriosclerosis
- bradycardia
- atherosclerosis
- coronary occlusion

GASTRO INTESTINAL

- | | |
|---|--|
| <input type="checkbox"/> swelling after meals | <input type="checkbox"/> diverticulosis |
| <input type="checkbox"/> colitis | <input type="checkbox"/> type A hepatitis |
| <input type="checkbox"/> slow digestion | <input type="checkbox"/> type B hepatitis |
| <input type="checkbox"/> hepatic | <input type="checkbox"/> type C hepatic |
| <input type="checkbox"/> dysfunction ulcer | <input type="checkbox"/> gastritis |
| <input type="checkbox"/> constipation | <input type="checkbox"/> tendency to diarrhoea |
| <input type="checkbox"/> cholecystitis stones | <input type="checkbox"/> other |
| <input type="checkbox"/> good digestion | |

KIDNEY

- | | |
|--|--|
| <input type="checkbox"/> oxalate stones | <input type="checkbox"/> low diuresis |
| <input type="checkbox"/> phosphate stones | <input type="checkbox"/> gout (uric acid stones) |
| <input type="checkbox"/> repeating cystitis | <input type="checkbox"/> abundant diuresis |
| <input type="checkbox"/> deep chronic | <input type="checkbox"/> other |
| <input type="checkbox"/> cystitis | |
| <input type="checkbox"/> non-infectious cystitis | |

EMOTIONALS

- | | |
|---|---|
| <input type="checkbox"/> aggressiveness | <input type="checkbox"/> depression |
| <input type="checkbox"/> inattention | <input type="checkbox"/> stress |
| <input type="checkbox"/> asthenia (weakness) | <input type="checkbox"/> mind (memory) difficulty |
| <input type="checkbox"/> concentrating difficulty | <input type="checkbox"/> panic attacks |
| <input type="checkbox"/> nervous erethism | <input type="checkbox"/> extroversion |
| <input type="checkbox"/> mental events | <input type="checkbox"/> introversion |
| <input type="checkbox"/> hyperkinesias | <input type="checkbox"/> hostility |
| <input type="checkbox"/> schizophrenia | <input type="checkbox"/> hyperactive subject (person) |
| <input type="checkbox"/> anxiety | <input type="checkbox"/> other |

ENDOCRINES

- | | |
|---|--|
| <input type="checkbox"/> female hormones deficiency | <input type="checkbox"/> libido decrease |
| <input type="checkbox"/> diabetes | <input type="checkbox"/> hyperparathyroidism |
| <input type="checkbox"/> Cushing's syndrome | <input type="checkbox"/> hypoparathyroidism |
| <input type="checkbox"/> Addison's disease | <input type="checkbox"/> hypoglycaemia |
| <input type="checkbox"/> hyperthyroidism | <input type="checkbox"/> tendency to cellulite |
| <input type="checkbox"/> hypothyroidism | <input type="checkbox"/> tendency to obesity |
| <input type="checkbox"/> tendency to thinness | <input type="checkbox"/> other |
| <input type="checkbox"/> frigidity | |

MALE

- | | |
|---|--|
| <input type="checkbox"/> prostate adenoma | <input type="checkbox"/> prostatitis |
| <input type="checkbox"/> impotence | <input type="checkbox"/> premature ejaculation |

FEMALE

- | | |
|---|---|
| <input type="checkbox"/> amenorrhea breast | <input type="checkbox"/> premenstrual syndrome |
| <input type="checkbox"/> cystitis prolonged | <input type="checkbox"/> painful menstruations |
| <input type="checkbox"/> reduced flows | <input type="checkbox"/> candidiasis |
| <input type="checkbox"/> anticipated flows | <input type="checkbox"/> menstrual cramps |
| <input type="checkbox"/> delayed flows breast | <input type="checkbox"/> menstrual irregularities |
| <input type="checkbox"/> pains (mastodynia) | <input type="checkbox"/> menopause |
| <input type="checkbox"/> | <input type="checkbox"/> fertility problems |

DERMATOLOGICAL

- | | |
|--|---|
| <input type="checkbox"/> eczema | <input type="checkbox"/> scalp alteration |
| <input type="checkbox"/> infected eczema | <input type="checkbox"/> dermatoses |
| <input type="checkbox"/> dermatitis | <input type="checkbox"/> scleroderma |
| <input type="checkbox"/> psoriasis | <input type="checkbox"/> other |

DISMETABOLIC DISORDERS

- | | |
|---|--------------------------------------|
| <input type="checkbox"/> hypercholesterolemia | <input type="checkbox"/> weight loss |
| <input type="checkbox"/> hyperuricemia | <input type="checkbox"/> cellulite |
| <input type="checkbox"/> hyperglycemia | <input type="checkbox"/> obesity |

APPETITE

- | | |
|---|-----------------------------------|
| <input type="checkbox"/> normal | <input type="checkbox"/> good |
| <input type="checkbox"/> insatiable | <input type="checkbox"/> ravenous |
| <input type="checkbox"/> low | (at 11am and/or at 5pm) |
| <input type="checkbox"/> lack of appetite | |

TENDENCY TO SLEEPINESS

- | | |
|------------------------------------|---|
| <input type="checkbox"/> evening | <input type="checkbox"/> mornings |
| <input type="checkbox"/> afternoon | <input type="checkbox"/> postprandial (after meals) |

SLEEP

- | | |
|---|--|
| <input type="checkbox"/> difficulty falling asleep | <input type="checkbox"/> good sleep |
| <input type="checkbox"/> insomnia | <input type="checkbox"/> irregular sleep |
| <input type="checkbox"/> awakening during the night | <input type="checkbox"/> restless sleep |
| <input type="checkbox"/> early awakening | |

TIREDFNESS

- | | |
|---|----|
| <input type="checkbox"/> in the legs after meals | al |
| <input type="checkbox"/> in the morning | |
| <input type="checkbox"/> in the evening | |
| <input type="checkbox"/> that decreases with activity (movement) | |
| <input type="checkbox"/> progressive | |
| <input type="checkbox"/> continuous | |
| <input type="checkbox"/> mental | |
| <input type="checkbox"/> physical | |
| <input type="checkbox"/> cyclic (suddenly feeling empty) | |
| <input type="checkbox"/> hyperactive in the evening | |
| <input type="checkbox"/> difficulty to get on move in the morning | |
| <input type="checkbox"/> lack of stamina | |
| <input type="checkbox"/> to stress | |
| <input type="checkbox"/> difficulty in recovering | |
| <input type="checkbox"/> lack of tiredness | |

DRUGS IN USE (MEDICINE)

- | | |
|---|---|
| <input type="checkbox"/> antacids | <input type="checkbox"/> diuretics |
| <input type="checkbox"/> beta blockers | <input type="checkbox"/> psychotropic drugs |
| <input type="checkbox"/> cortisone-based | <input type="checkbox"/> thyroidal |
| <input type="checkbox"/> hormones: calcitonin | <input type="checkbox"/> other |
| <input type="checkbox"/> anti-inflammatory | |
| <input type="checkbox"/> oral contraceptives | |

IMPORTANT - INFORMATION ART. 10 OF LAW 196/2003

This article informs the subscriber about the fact that Legislative Decree No. 196/2003 provides for the protection of persons and other subjects regarding the processing of personal data. According to this law such treatment shall be based on principles of correctness, lawfulness and transparency and with the aim of protecting the confidentiality and rights of the subscriber. The following information is provided under Article 13 of Legislative Decree No 196/2003

Pursuant to article 10 of said decree, Mineral Test s.a.s. informs the subscriber that the processing of personal data is aimed at fulfilling legislative obligations in force including tax and social security compliance. This data is further required for correct interpretation of the mineralogram, for all matters relating to analysis, diagnosis and care, for research into disease, for the statistical and data processing required for the analysis of mass pathologies.

The subscriber is further aware that lack of consent will mean that they will not be entitled to request analyses and/or other information.

AUTHORISATION FOR THE PROCESSING OF PERSONAL DATA

I the undersigned _____ born on the _____ having dealings with MineralTest s.a.s., having acquired the information referred to in Article 10 of Law 196/2003, gives consent to the same for the processing of my personal data.

City _____ Date _____

Signed _____