

Wellness Plan Plus  
**ORDER FORM**

**Hair sample**

Please provide a hair sample big enough to cover the shaded area:



Place hair sample in small zip locked bag

**Congratulations! You are well on your way to making a REAL difference in your life.**

Please complete the form below, collect hair sample and mail to:

**Acqua Health**  
**Shop 5/207 Westbury Rd,**  
**Prospect TAS 7250**  
**Email: info@acquahealth.com.au Phone: (03) 6343 5997**

**Personal details (as required on your report)**

Name: \_\_\_\_\_ Date of Birth...../...../.....

Parents Name if child: \_\_\_\_\_

Address: \_\_\_\_\_

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

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**Payment details \$295 for 1 Hair Analysis & 6-month Wellness Program**

Card Number:

CVV

Cardholder Name: \_\_\_\_\_

Card type  MasterCard  Visa

Expiry date ...../..... Signature .....

Please list your symptoms;

- |   |   |  |  |
|---|---|--|--|
| <input type="checkbox"/> acne / rosacea     | <input type="checkbox"/> diarrhoea          | <input type="checkbox"/> gout                | <input type="checkbox"/> psoriasis         |
| <input type="checkbox"/> ADD/HD-behavioural | <input type="checkbox"/> digestive / nausea | <input type="checkbox"/> headache            | <input type="checkbox"/> rashes/itchy skin |
| <input type="checkbox"/> arthritis          | <input type="checkbox"/> earache            | <input type="checkbox"/> hives               | <input type="checkbox"/> reflux            |
| <input type="checkbox"/> asthma             | <input type="checkbox"/> excess mucous      | <input type="checkbox"/> irritable bowel     | <input type="checkbox"/> restless legs     |
| <input type="checkbox"/> bad breath         | <input type="checkbox"/> eye infections     | <input type="checkbox"/> migraine /headache  | <input type="checkbox"/> sinus/hayfever    |
| <input type="checkbox"/> bloating           | <input type="checkbox"/> fatigue            | <input type="checkbox"/> muscle ache & pains | <input type="checkbox"/> sleep disorders   |
| <input type="checkbox"/> constipation       | <input type="checkbox"/> flatulence         | <input type="checkbox"/> PMS                 | <input type="checkbox"/> thrush            |

Other .....

**Thank you for filling out this form**

**Upon receipt we will process your Hair Analysis and send you your report within 7-10 days.**