

# RETEST INFORMATION

Please follow the instructions for hair sampling carefully, and cut enough hair to balance the scale. Mark your name, age and the date of sampling on the white hair envelope. To help me design your new program, please answer the questions below. Use the back of this sheet if needed.

The retest fee is \$ 150.00for the hair test. This includes your analysis; a new comprehensive healing regimen and brief follow up phone calls or emails. Payment should be made payable to Joy Feldman.

**Mail this sheet, the hair sample and your check to:**

**Joy Feldman**  
140 Woodbridge Drive  
East Greenwich, RI 02818

1. Describe changes you have noticed in your symptoms or condition over the past several months and describe your main symptoms or complaints at this time.
2. Do you have questions in regard to your diet?
3. Do you have questions in following your supplement program?
4. Do you have questions in regard to sauna therapy?
5. Do you have questions in regard to lifestyle, or meditation?
6. Are there other concerns you would like us to address when setting up your new healing program?



Wickford Chiropractic and Wellness Center  
610 Ten Rod Road  
North Kingstown, RI 02852  
401-855-8800

Please indicate your current full address, phone number and email below.  
Thank you for letting me be a part of your healing and improved health.

**Address**

**Phone/ Email**

You should receive your program within 3 weeks of mailing this form  
to me with your sample and check.

*\* Nutritional balancing is a means to reduce stress and is not intended as diagnosis, treatment or prescription for any condition or disease. Joy Feldman provides this service as an unlicensed nutritional consultant.*



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