



## Hampstead Health Practice

### REMOTE HAIR FOOD INTOLERANCE SCREENING

You are required to send a minimum of 10 strands of hair approximately 1” long which can be taken from your head. Dyed hair does not affect your results. The hair is not to be pulled from the root. The hair sample is to be cut. Be careful when using scissors.

**Q What am I being screened for?**

**A** You are being screened for the following foods and fluids

**Q How does the screening work?**

**A** Once we have your hair sample the Asyra software which contains digitally-encoded information will be placed in contact with your hair sample to create your list of food or fluid intolerances.

**Q When will I get the results sent to me?**

**A** The results will be emailed to you within 14 working days of us receiving your Hair Sample.

**Q What shall I do if my results say to avoid a whole food group?**

**A** Contact Hampstead Health Practice and we shall give you personal advice.

CHOICE A - STANDARD	CHOICE B - ADVANCED
<b>Grains</b> <b>Dairy</b> <b>Sugars</b> <b>Sweeteners</b> <b>Fish</b> <b>Meat</b> <b>Fruit</b> <b>Vegetables</b> <b>Beverages</b> <b>Cooking ingredients</b>	<b>Grains</b> <b>Dairy</b> <b>Sugars</b> <b>Sweeteners</b> <b>Fish</b> <b>Meat</b> <b>Fruit</b> <b>Vegetables</b> <b>Beverages</b> <b>Cooking ingredients</b> <b>Poultry</b> <b>Gluten</b> <b>Crustaceans</b> <b>Herbs</b> <b>Spices</b> <b>Alcohol</b> <b>Nuts</b> <b>Seeds</b> <b>Oils</b> <b>Legumes</b> <b>Vitamin, mineral and essential fatty acid and protein profile</b>

NAME \_\_\_\_\_

EMAIL ADDRESS YOU WOULD LIKE YOUR RESULTS SENT TO \_\_\_\_\_

CONTACT TELEPHONE NUMBER \_\_\_\_\_

DO YOU HAVE ANY ALLERGIES? \_\_\_\_\_

HAVE YOU BEEN DIAGNOSED WITH ONE OR MORE HEALTH ISSUES? IF YES PLEASE TELL US WHAT THEY ARE?  
\_\_\_\_\_

TICK THE BOX TO CONFIRM YOU HAVE PLACED THE HAIR INTO AN ENVELOPE

Are you screening for Choice A or Choice B? \_\_\_\_\_

How did you pay Card - Cheque - Cash? \_\_\_\_\_

Which company did you pay? \_\_\_\_\_

Do you have a code? \_\_\_\_\_

If card what is the name on the card? \_\_\_\_\_

Male/Female

D.O.B \_\_\_\_\_

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Medical Disclaimer: This screening contains general information about Health. If you think you may be suffering from any medical condition you should seek immediate medical attention from your G.P.