Please attach
Hair-Sample
10-30 strands
1-3cm/1 inch
with sello-tape
here

KENT DETOX & WELLBEING
Unit 6, The Court Yard Holding Street, Rainham, Kent, ME8 7HE
☏ 07515-429008 / talita.wigg@kentdetox.co.uk / www.kentdetox.co.uk

Allergy & Intolerance Test Online-Application

Please select the test format and return: by ❑post or ❑email

Test Format: ❑Basic-75 ❑Basic-100 ❑Standard-150 ❑Complex-250 ❑Complex-400+ ❑Vitamin & Mineral Analysis only

Date: **Title:** Mrs❑ Mr❑ .....

First Name:

Surname: **Gender:** Female❑ Male❑

Date of Birth: - - **Age:** **Height:** **Weight:**

Address:

Postcode:

Occupation: **Tel:**

Email:

Test for Baby? Please specify if breastfeed ❑ weaned ❑ and list Formula & solid foods .

Order ID:
Ref-No: KD1823-
Date received:
Date processed:

The information you give assists us in establishing any intolerance or allergy like reaction related to your symptoms.

☑ **Please indicate** the Symptoms you experience: **A=acute O= often S=sometimes**

Do you have any known Allergies?
e.g. penicillin, milk, pollen, nuts, latex, strawberries, tomato, etc.
No❑ **Yes❑:** .....

Did you ever experience an Anaphylactic Shock?
e.g. penicillin, nuts, bee/wasps, latex, strawberries, tomato, etc
No❑ **Yes❑:** .....

Are you: ❑ vegan ❑ pet owner ..... ❑ vegetarian ❑ smoker

Have you had any of the following in the past 3 years?
❑ Vaccination ❑X-Ray ❑Antibiotics

Are you taking any **Vitamins** or other **health Supplements**?
No❑ **Yes❑:** .....

Are you currently taking any **Medication / Herbs?**
No❑ **Yes❑:** .....

Please use back of form if space is not enough

Medical Conditions or health problems:

Medical History – optional: please use back of form if you wish.

Other reason for allergy test and **comments:**

Digestive Symptoms:
❑ IBS - Irritable Bowel ❑ constipation ❑ abdominal pain
❑ indigestion ❑ diarrhoea ❑ bloatedness
❑ heartburn ❑ nauseous ❑ wind
❑ Diverticulitis ❑ Coeliac disease ❑ Crohn's disease
❑ **other** .....

Skin conditions:
❑ Eczema ❑ rashes ❑ red spots
❑ Dermatitis ❑ itching skin ❑ itchy spots
❑ Psoriases ❑ hives /Urticaria ❑ acute
❑ Acne ❑ Rosacea ❑ spots/pimples
❑ **other** .....

Respiratory conditions:
❑ Asthma (❑ acute) ❑ Rhinitis
❑ breathing problems ❑ Sinusitis
❑ catarrh ❑ coughing ❑ Nasal Congestion
❑ Hay Fever ❑ itchy eyes ❑ watery eyes ❑ sneezing
❑ **other** .....

Other conditions present:
❑ Migraines ❑ Hyperactivity ❑ Anxiety
❑ Headaches ❑ Irritability ❑ Depression
❑ tired ❑ fatigue ❑ Weight loss
❑ Chronic fatigue (ME) ❑ Weight gain
❑ Cystitis ❑ Thrush ❑ Rheumatoid arthritis
❑ Water retention ❑ Osteo-arthrits
❑ **other** .....

Additional information: .....

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Testing additional Items: If you would like your medication, a specific supplement or substance to be tested, please attach/tape in areas indicated below and write/PRINT their name underneath. Alternatively use a separate sheet.
1 item free for Basic 100. **2 items free** for Standard 150. **5 items free** for Complex 250 and Complex 400.





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Friendly Disclaimer: The Allergy Analysis Test is intended as information only. It is not a substitute for professional medical advice and is not to be used as a diagnosis. For the treatment or diagnosis of any medical condition, we strongly recommend consultation with your doctor or health care professional. We are not responsible for any adverse effects or any results that may occur from the usage of the information contained in the allergy report.

Please note: If you are ordering the test for someone else other than yourself, please ensure that you do have legal consent to do so.

Order / payment details:

❑ **I include a cheque** to the amount of £ ....., for .....(No.) Allergy Test/s **made payable to: 'Kent Detox'**.
I have chosen the ☑ **test format** and **return option.**

❑ **I prefer to pay by credit card:**

Credit Card Payments		Please sign below confirming your consent for '**Kent Detox'** to process your card details	
❑ Master card		Card holders name:	
❑ Visa Debit, Delta		Card Number: (16 digits)	- - - -
❑ Visa		Expiry date:	/
❑ Switch / Maestro (UK)		Issue: (Switch / Maestro (UK)	I agree, for **Kent Detox** to process my card details:
❑ Solo		CVC: (last 3 digits)	Signature: .....

I understand that the information I give is for the purpose of allergy testing only and that all personal details are kept strictly confidential, and they will by no means be shared with any 3rd party.

Signature:..... Ordered by: ..... Order Date: .....

Please send the completed form – with hair-sample attached – along with your payment:
- using a normal size envelope -
to **Kent Detox, Unit 6, The Court Yard, Holding Street, Rainham, ME8 7HE**