



Dr. Bernard Bloom Proactive Health

Hair mineral analysis consent form

Section A: Please print clearly

Home phone#: _____ Date of Birth: _____

Male: _____ Female: _____

First name: _____ last name: _____

Home Address: _____

Section B: **By signing below, I acknowledge that I am age 18 or over, and I have asked to receive the following testing service through Bernard Bloom and/or affiliates, and I authorize Dr. Bernard Bloom and/or affiliates to perform hair mineral analysis screening:**

By signing below, I also understand and agree that: 1) The above hair analysis being conducted is for testing purpose only, are not being done for diagnostic or treatment purposes, and the hair consultant personnel consultation with Dr. Bernard Bloom and/or affiliates about the test results does not constitute medical advice. 2) The data derived is considered preliminary and is not conclusive to the absence or presents of any disease or health condition. **Dr. Bernard Bloom** and/or affiliates **recommend that I report the result of the test including results outside of normal range to my healthcare provider so he or she can decide whether or not I need follow up care. The responsibility of seeking follow up medical advice regarding the test results is mine and not that of Dr. Bernard Bloom and/or affiliates, organization associated with the test. I hereby release and hold harmless Bernard Bloom and/or affiliates and there respective owners, employees and any other company where any part of the hair analysis, not excluding obtaining the actual hair sample may take place.**

Client name print: _____ Client signature: _____

Date: _____