HTMA INTRODUCTION BOOKLET

WELCOME

INTRODUCTION

Hello,
If we haven't met before, my name is Lauren. I'm so pleased you've chosen to explore Hair Tissue Mineral Analysis (HTMA) as part of your health journey.

HTMA is a powerful tool that allows us to assess your mineral balance, stress patterns, metabolic health, and longer-term trends in the body over the past few months. It gives us a deeper insight into how your body systems are functioning, particularly in relation to energy, hormones, thyroid activity, nervous system balance, and detoxification capacity.

In this booklet, you'll find:
- An informed consent form
- A comprehensive health questionnaire
- A short diet and lifestyle diary
- Hair sampling instructions

Please complete all sections and return them to me prior to your consultation. This ensures I can interpret your results thoroughly and personalise your recommendations accurately.

If you have had any recent blood tests, please attach those as well. While HTMA provides valuable insight, it works best when interpreted alongside other clinical information.

If you have any questions before your appointment, please don't hesitate to contact me.

Lauren Bainbridge

WHAT IS HTMA?

Hair Tissue Mineral Analysis (HTMA) is a simple, non-invasive test that measures the mineral and toxic metal content of your hair.

As hair grows, it reflects mineral balance and exposure patterns over the previous few months, providing insight into longer-term trends rather than a single moment in time.

Because the body tightly regulates minerals in the blood, blood tests can appear normal even when imbalances exist at a tissue level. HTMA helps identify how minerals are being stored, used, or eliminated in the body including essential minerals such as magnesium and zinc, as well as metals like lead.

Minerals play a foundational role in energy production, hormone balance, blood sugar regulation, and overall cellular function. When mineral balance shifts, it can influence many systems in the body.

Used alongside your health history and other testing, HTMA helps guide personalised nutrition and lifestyle support.

INTAKE FORM

Your full name

Date of birth

Gender

Your home address

Phone

Email

Occupation

Emergency contact name

Emergency contact phone

Do you have any diagnosed medical conditions? Please list

Do you take any medications? Please list

Do you take any supplements? Please list

Do you have any allergies or intolerances? Please list

Do you have a family history of the following health conditions?

- [ ] Heart disease
- [ ] Heart attack/stroke
- [ ] High cholesterol
- [ ] Type 2 diabetes
- [ ] Hypothyroidism
- [ ] Other: _____
- [ ] Celiac disease
- [ ] Crohn's / colitis
- [ ] Breast cancer
- [ ] Bowel cancer
- [ ] Cancer (other): _____

HEALTH GOALS

What would you like to work on in your initial consult?

Do you have any other health goals?

Have you tried anything to help? (supplements, diets etc..)

Are you being supported by any other practitioners?

HEALTH QUESTIONNAIRE

Please tick any of the following symptoms that apply to you

Energy:

- [ ] Morning fatigue
- [ ] Wired & tired
- [ ] Afternoon crashes
- [ ] Difficulty switching off
- [ ] Exhausted most days

Thyroid:

- [ ] Cold intolerance
- [ ] Constipation
- [ ] Dry skin
- [ ] Hair thinning
- [ ] Weight gain

Hormones (f):

- [ ] PMS
- [ ] Heavy periods
- [ ] Irregular cycles
- [ ] Mood swings
- [ ] Hormonal acne

Hormones (m):

- [ ] Muscle weakness
- [ ] Low libido
- [ ] Low motivation
- [ ] Sexual dysfunction
- [ ] Mood changes

Blood sugar:

- [ ] Shakiness
- [ ] Feeling hangry
- [ ] Energy fluctuations
- [ ] Tendency to skip meals
- [ ] Irritability/anxiety

Digestion:

- [ ] Bloating
- [ ] Loose stools
- [ ] Reflux
- [ ] Food sensitivities
- [ ] IBS symptoms

Skin:

- [ ] Acne
- [ ] Rosacea
- [ ] Eczema
- [ ] Psoriasis
- [ ] Oily skin

Immune:

- [ ] Frequent colds
- [ ] Hayfever
- [ ] Sinus congestion
- [ ] Allergies
- [ ] Slow wound healing

Other:

- [ ] Muscle cramps
- [ ] Restless legs
- [ ] Joint pain
- [ ] White spots on nails
- [ ] Poor taste/smell

Exposure history:

- ☐ Seafood more than 3x a week
- ☐ Large fish (tuna, shark)
- ☐ House is older than 1980
- ☐ Drink unfiltered water
- ☐ Dental amalgam fillings
- ☐ Use well or bore water
- ☐ Exposure to chemicals/pesticides
- ☐ Current or past smoker
- ☐ Use non-stick or aluminium cookware
- ☐ Use aluminium-based antiperspirants
- ☐ Daily rice consumption
- ☐ Living in agricultural or industrial areas
- ☐ Exposure to hair salons

Lifestyle

	Y	N		Y	N
Do you smoke?	☐	☐	Does your job involve shift work?	☐	☐
Do you vape?	☐	☐	Do you get 7-8 hrs sleep a night?	☐	☐
Do you drink alcohol?	☐	☐	Do you travel frequently?	☐	☐

On a scale of 1 (very low) to 5 (very high) how would you rate the following:

	1	2	3	4	5
Stress levels	☐	☐	☐	☐	☐
Energy levels	☐	☐	☐	☐	☐
General mood	☐	☐	☐	☐	☐
Sleep quality	☐	☐	☐	☐	☐

DIET

Do you follow a specific diet? (vegan, gluten free etc..)

Do you avoid any specific foods?

Do you have any known food allergies or intolerances?

Who prepares most of your meals?

How many serves of protein do you eat daily?

How many times a week do you eat red meat?

How many times a week do you eat seafood?

How often do you eat vegetables?

How often do you eat nuts, seeds or legumes?

How often do you eat processed foods?

THREE DAY FOOD DIARY

Day 1:

Breakfast | Time:

Lunch | Time:

Dinner | Time:

Snacks | Time:

Water/beverages

How many litres of water?

How many caffeinated beverages?

Alcoholic beverages?

Other:

THREE DAY FOOD DIARY

Day 2:

Breakfast | Time:

Lunch | Time:

Dinner | Time:

Snacks | Time:

Water/beverages

How many litres of water?

How many caffeinated beverages?

Alcoholic beverages?

Other:

THREE DAY FOOD DIARY

Day 3:

Breakfast | Time:

Lunch | Time:

Dinner | Time:

Snacks | Time:

Water/beverages

How many litres of water?

How many caffeinated beverages?

Alcoholic beverages?

Other:

COLLECTING YOUR SAMPLE

Before collecting your sample:

- Wash your hair within 24 hours of cutting
- Use a plain shampoo (avoid medicated or anti-dandruff shampoos)
- Do not use conditioner, oils, gels, sprays, or styling products after washing
- Ensure your hair is completely dry before cutting
- If your hair has been dyed, bleached, or chemically treated in the past 6–8 weeks, you'll need to wait for sufficient regrowth
- Ensure scissors are clean

How to collect your sample:

Hair must be taken from the back of the scalp (the occipital area).

1. Lift the top layers of hair
2. Cut small sections from underneath so it won't be noticeable
3. Cut as close to the scalp as possible
4. Only the first 2–3 cm (closest to the scalp) should be submitted. Discard the longer ends.

You will need:

- Approximately 1 tablespoon of hair
- Collected from 3–5 small areas (not one large chunk)

Place the hair in the paper envelope provided and do not use plastic bags, tape, glue or any other medium.

INFORMED CONSENT

This informed consent form outlines the purpose, benefits, and limitations of Hair Tissue Mineral Analysis (HTMA). Please read it carefully and ask any questions before signing.

Hair Tissue Mineral Analysis (HTMA) is a laboratory test that measures mineral levels and certain toxic elements in hair. It provides insight into mineral balance, metabolic patterns, stress physiology, and longer-term exposure trends over approximately the previous 2–3 months. HTMA is used as a functional assessment tool to guide personalised nutrition, supplementation, and lifestyle recommendations.

HTMA

- Does not diagnose medical conditions
- Does not replace medical evaluation or blood testing
- Reflects mineral deposition in hair, which represents trends rather than exact body stores
- Must be interpreted in clinical context
- Results may be influenced by factors such as recent mineral supplementation, hair treatments, or environmental contamination.

While natural treatments are generally safe, there may be potential risks or side effects, including:

- Allergic reactions to herbs or supplements
- Adverse reactions
- Interactions with medications

Client Responsibilities:

- Provide complete and accurate health history
- Inform the practitioner of any changes in health status or new medications
- Follow the treatment plan and recommendations
- Communicate any concerns or side effects promptly

Confidentiality

All client information is confidential and will not be disclosed without your written consent, except as required by law.

The information provided will be used by your practitioner to help guide your treatment. By signing this form, you state that this is true and accurate representation of your health information and that you will advise your practitioner of any changes.

Full name

Signature

Date

CLINIC POLICIES

Cancellation Policy:

- If you need to cancel or reschedule your appointment, please provide at least 24 hours' notice.
- Cancellations made less than 24 hours in advance may be subject to a cancellation fee of [$50].
- No-shows without prior notice will be charged the full appointment fee.

Payment Policies

- We accept bank deposit.
- Payment is due at the time of service unless other arrangements have been made in advance.

Privacy and Confidentiality

- All client information is kept strictly confidential and will not be shared without your written consent, except as required by law.
- We comply with all applicable privacy laws and regulations to protect your personal information.

CONTACT

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Thank you for taking the time to work through this booklet. I look forward to supporting you on your health journey.

Lauren