



Body Terrain Test

RESULTS FORM

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Patient/Client Name: _____ e-Mail: _____

Address: _____ City: _____ State: ____ Zip: _____

Phone: (____) _____ Age: ____ Male ____ Female (Menstruating at time of test? ____ Yes ____ No)

Disclaimer: I have read, understand and acknowledge the disclaimer provided in the instruction guide for this testing kit.

Please sign here: _____ (patient/client)

Current Medications: (use back if necessary) _____

Current Nutritional Supplements: (use back if necessary) _____

Did you take these supplements during the Body Terrain test? ____ Yes ____ No.

****Zinc Taste Test:** Circle one (No taste) 0 1 2 3 4 5 6 7 8 9 10 (awful taste)

**** Saliva Stress Test (Lemon Juice Test)**

- 1st reading _____ (before lemon juice)
- 2nd reading _____ (right after lemon juice + 3 “empty swallows”)
- 3rd reading _____ (one minute after lemon juice)
- 4th reading _____ (two minutes after lemon juice)
- 5th reading _____ (three minutes after lemon juice)
- 6th reading _____ (four minutes after lemon juice)
- 7th reading _____ (five minutes after lemon juice)

**** Iodine Skin Test:** Iodine patch started at: __:__ am/pm on _____ (date).
 Iodine patch disappeared at: __:__ am/ pm on _____ (date).
 The Iodine disappeared while I was asleep ____ Yes ____ No Skin irritation? ____ Yes ____ No

**** Blood Type Test Results** (complete this only if you ordered this kit with the Blood Typing option or you may attach a photocopy of a blood donor card or medical record with your blood type listed on it).
 (Circle one) **A B AB O**

****Underarm Temperature Test:**

Day	Date	Time	Temp. (°F)
1			
2			
3			
4			
5			

****1st Morning Urine and Saliva Test:**

Day	Date	1 st Saliva pH	1 st Urine pH
1			
2			
3			
4			
5			

Date Urine Sample Collected: _____