



Longevity Health Center
1745 Woodstock Rd.
Roswell, GA 30075
770-642-4646

PLEASE READ

Bio Sample Analysis (BSA) Instructions **HAIR SAMPLE**

Please follow all steps carefully. Incomplete submissions will delay processing.

1. Complete Required Forms

- Fill out the **Patient Profile** and sign the **Statement of Understanding**.
- Ensure your **email, mailing address, and phone number** are current.

2. Choose a Testing Option & Practitioner - Please select **one of the following options:**

- **Option 1:** Phone Consultation with practitioner of your choice.
We will contact you to schedule once we receive your bio-sample. **This call is NOT to review results.**
- **Option 2:** Practitioner of your choice will perform the testing. *No call at this time.*
- **Option 3:** First Available Practitioner will perform the testing. Results will be emailed.
Expedites results by using the first available practitioner and appointment time.

3. Include Payment for services (see pricing on back)

- Submit a **check or credit card information** with your paperwork.

4. Provide a Recent Photo (First-Time Testers Only)

- Mail with your sample **OR**
- Email to: receptionist@longevityhealth.com

5. Collect Hair Sample - Follow these instructions for proper sample collection:

- Cut hair from the **back of the head**, close to the scalp.
- Use a clump about the width of a pencil. Trim sample to no more than **2 inches**, keeping the end closest to the scalp.
- Place in a **labeled envelope or zip-lock bag** (include your **full name** and **collection date**).



6. Notify Us When Mailing Your Sample

- Call **Longevity Health Center** to let us know your sample is on the way.
- Use **priority shipping** with tracking. We highly recommend that you ship by UPS or FedEx.
We will contact you upon receipt to confirm and schedule your testing.

7. Receive Results

- Within **48 hours of testing**, results will be emailed along with your personalized protocol.

8. Schedule a Consultation to Review Your Protocol – 770-642-4646

- Call to schedule a **phone or video consultation** with one of our highly qualified **coordinators**.
- The coordinator will review your results and finalize your protocol.
- The recommended products will be shipped to you by UPS.
- Payment for supplements will be needed at this time.

What is Bio-Sample Analysis?

Bio-Energetic Analysis is an overall term for instrument-based methods that provide information about the health of the body via electrical measurement. Bio-energetics unites 20th century technology with the ancient healing arts of homeopathy and acupuncture. It was developed over 70 years ago in Germany by Doctor Reinhard Voll.

Bio-Sample Analysis (BSA) was developed as a method to test patients who are not able to travel to the clinic in person. The hair sample holds your unique DNA signature and energetic information from your body. Your sample is placed in the circuit with the testing device which allows the practitioner to access your energetic information through the sample. This method of testing has been used by the Longevity Health Center for many years, and the accuracy of the results has been verified.

What BSA Can Identify:

- Microbial Pathogens (bacteria, viruses, parasites, mold, etc.)
- Heavy Metal & Chemical Toxicity
- Organ System Dysfunction
- Endocrine & Metabolic Imbalances
- Digestive & Absorption Disorders
- Vitamin & Mineral Deficiencies
- Food Sensitivities

PRICING

\$295 - Comprehensive Evaluation - New Patients

\$195 - Comprehensive Evaluation - Established Patients

10 most common food sensitivities are included in comprehensive evaluation.

\$50 - Additional Food sensitivity - Full Panel

(Not recommended for New Patients)

TESTING WILL NOT BE PERFORMED WITHOUT PAYMENT.

Indicate on the symptom profile form your choices for testing option and practitioner preference. We will do our best to accommodate your requests. If you do not have a practitioner preference, we will schedule your test with the first available practitioner

Within 48 hours of testing, you will receive an email with an explanation of your results, along with a list of recommendations and protocol instructions.

REVIEW YOUR RESULTS THEN CALL OUR OFFICE to schedule a 30-minute phone or video consultation with a **coordinator** to review your results and finalize your protocol. Your products will then be shipped to you. *A credit card payment will be needed for product order.*

BSA PATIENT PROFILE

Please complete all forms - Incomplete forms will delay processing

NAME: _____ DATE: _____

Parent name if patient is a minor: _____

Billing/Shipping address: _____

CITY: _____ STATE: _____ ZIP: _____

#1 PHONE: _____ #2 PHONE: _____

EMAIL: _____

If new, who can we thank for referring you? _____

AGE: _____ HEIGHT: _____ WEIGHT: _____ DOB: _____ M / F

Known Allergies: _____

Date of last medical physical: _____ Blood Type: _____

Occupation: _____ Retired?: YES / NO

BRIEFLY describe your current health concerns. *Returning patients, list any health changes since last evaluation.*

Medically diagnosed diseases: _____

Surgeries you have had and approx. dates: _____

Pharmaceutical medications that you are currently taking: _____

Nutritional supplements that you are currently taking: _____

Please circle your supplement preference: Pills Capsules Powders Liquids No preference

RATE YOUR SYMPTOMS	Least										Worst											
Brain Fog	0	1	2	3	4	5	6	7	8	9	10	0	1	2	3	4	5	6	7	8	9	10
Neck/Upper or Lower Back Pain	0	1	2	3	4	5	6	7	8	9	10	0	1	2	3	4	5	6	7	8	9	10
Joint/Muscle Pain. Where? _____	0	1	2	3	4	5	6	7	8	9	10	0	1	2	3	4	5	6	7	8	9	10
Headaches/Migraines	0	1	2	3	4	5	6	7	8	9	10	0	1	2	3	4	5	6	7	8	9	10
Tingling/Numbness in Extremities	0	1	2	3	4	5	6	7	8	9	10	0	1	2	3	4	5	6	7	8	9	10
Digestive Dysfunction	0	1	2	3	4	5	6	7	8	9	10	0	1	2	3	4	5	6	7	8	9	10
CIRCLE - <i>Gas/ Indigestion / Diarrhea / Constipation</i>																						
Sleep disturbance	0	1	2	3	4	5	6	7	8	9	10	0	1	2	3	4	5	6	7	8	9	10
CIRCLE - <i>Falling asleep / Staying asleep</i>																						
Fatigue/Exhaustion	0	1	2	3	4	5	6	7	8	9	10	0	1	2	3	4	5	6	7	8	9	10
Stress / Anxiety	0	1	2	3	4	5	6	7	8	9	10	0	1	2	3	4	5	6	7	8	9	10
Depression	0	1	2	3	4	5	6	7	8	9	10	0	1	2	3	4	5	6	7	8	9	10
Cardiovascular dysfunction	0	1	2	3	4	5	6	7	8	9	10	0	1	2	3	4	5	6	7	8	9	10
Cold/ Flu Symptoms (sinus, chest)	0	1	2	3	4	5	6	7	8	9	10	0	1	2	3	4	5	6	7	8	9	10
Hormone/Endocrine dysfunction	0	1	2	3	4	5	6	7	8	9	10	0	1	2	3	4	5	6	7	8	9	10
Skin rash/irritation	0	1	2	3	4	5	6	7	8	9	10	0	1	2	3	4	5	6	7	8	9	10
Urinary tract/kidney irritation/pain	0	1	2	3	4	5	6	7	8	9	10	0	1	2	3	4	5	6	7	8	9	10

LIFESTYLE PROFILE

NAME: _____ **DATE:** _____

Are/Were you a smoker? _____ How much? _____ Quit? _____
 Did/Do you drink coffee? _____ How much? _____ Quit? _____
 Did/Do you drink alcohol? _____ How much? _____ Quit? _____
 Did/Do you drink carbonated beverages? _____ How much? _____ Quit? _____
 Do you eat seafood? What type and how frequently? _____
 Were you Vaccinated? YES / NO / SOME. Any recent vaccinations? _____
 Do you exercise? _____ How Often? _____ What type? _____
 How many amalgam (silver) dental fillings do you have? _____ Have you had any fillings removed? _____
 How many root canals do you have? _____ Crowns? _____ Implants? _____
 Have you ever been exposed to extreme mold for a prolonged time period? _____
 Have you ever suffered from an extreme trauma? Either emotional or physical. _____
 What brand of toothpaste do you use? _____ Deodorant Brand? _____
 Do you have family pets? Dogs? _____ Cats? _____ Other? _____
 Do you sleep with a sleep number type bed? Electric blanket or heating pad? _____
 Are there any high-tension power lines or transformers near your home or where you work? _____
 List any foods that you currently avoid? _____
 How often do you have a bowel movement? _____

WOMEN ONLY:

Date of last menstruation: _____
 Are you now on or have you ever taken birth control? _____ How long? _____
 If menopausal; date of last GYN visit: _____
 Are you pregnant or nursing? _____ Do you have children? _____ How many? _____
 Check those that apply: PMS ___ Heavy Periods ___ Irregular Periods ___ Cysts/Fibroids _____
 Have you had any cosmetic surgery? _____

GIVE A GENERAL DIET SUMMARY FOR THE LAST THREE DAYS:

	BREAKFAST	LUNCH	DINNER	SNACKS
DAY 1				
DAY 2				
DAY 3				

PLEASE INCLUDE PHOTO IF FIRST TIME TEST

Email photo to receptionist@longevityhealth.com Or send by text to 770-642-4646

Longevity Health Center - 1745 Woodstock Rd. Roswell, GA 30075

Authorization to Release Health Information

I authorize **Longevity Health Center** to disclose my protected past, present and future health information to the following persons or entities:

This health information may be used by the person I authorize for health treatment or billing/payment purposes. This authorization will remain in effect until such time as I choose to revoke the authority in writing.

**** **Signature of Patient or Parent of Minor**

Date

STATEMENT OF UNDERSTANDING

I understand that the BSA test does not provide medical diagnosis and that my bio-energetic practitioner may recommend further medical testing. I give my permission for the bio-energetic practitioner to evaluate me. I understand that the practitioner will give me information about myself and make recommendations based on the bio-energetic screening. I understand that the practitioner will not make any recommendations on prescribed medications. My decision to follow through with the recommended program is my own decision and I hold the bio-energetic practitioner harmless. I understand that none of the practitioners, the associates or staff of Longevity Health Center are medical doctors.

BSA testing will reveal "toxicity level disturbance signals". The modalities employed by Longevity Health Center practitioners are not approved for any type of medical evaluation. These "disturbance signals" cannot be corroborated by standard laboratory testing. This evaluation should in no way be construed as a medical diagnosis. I choose to undergo an evaluation and possible treatment in accordance with oriental medicinal principles, utilizing bio-energetic techniques.

I have read and understand this STATEMENT OF UNDERSTANDING.



SIGNATURE OF PATIENT (or Parent for Minor) DATE

TESTING OPTIONS AND PRACTITIONER CHOICE

- _____ **OPTION 1:** A BRIEF phone consultation with your preferred practitioner.
This phone call is NOT to review results.
We will call you to schedule a phone consultation with the practitioner of your choice.
- _____ **OPTION 2:** Testing performed by your preferred practitioner **No Phone call.**
- _____ **OPTION 3:** Testing performed by first available practitioner at first available time.
This option will expedite your results.

FULL Food Sensitivity Panel YES _____ NO _____ (Not recommended for New Patients)

PRACTITIONER CHOICE _____

METHOD OF PAYMENT for services: New Patient - \$295 Follow up - \$195

Check #: _____

CC# _____ **Exp. Date:** _____ **CVV** _____

OFFICE USE ONLY: INVOICE# _____

LONGEVITY HEALTH CENTER

Naturopathic Practitioners

Alice Honican, ND, L.Ac. DTCM, Bio-Energetic Practitioner



Alice joined the staff of Longevity Health Center over 20 years ago after earning her master's degree in Acupuncture from The Pacific College of Oriental Medicine in San Diego, CA. Alice recently completed her Doctorate in Traditional Chinese Medicine and Acupuncture. She is Nationally Certified in both Acupuncture and Chinese Herbology and licensed in the state of Georgia. Alice is also a Doctor of Traditional Naturopathy, a Certified Holistic Healthcare Practitioner, and an experienced Bio-Energetic Practitioner. She is a certified Lyme Specialist. Dr. Honican grew up in a home where natural healthcare was a way of life, as the daughter of a Naturopath-Acupuncturist, Dr. Seneca Anderson. In the 1980s, her father was at the forefront of treating chronic fatigue syndrome and Epstein-Barr virus. He became one of the first Lyme-literate holistic practitioners in both Georgia and the country, running a successful practice for over 45 years. Following in his footsteps, Dr. Honican trained under her father and has been practicing for two decades, treating hundreds of patients with tick-borne infections and various acute and chronic illnesses. In addition to her qualifications, her excellent listening skills and compassion for others make her even more equipped to fulfill her calling. "I am passionate about helping people," says Alice. "I love working with patients one-on-one and offering them an alternative approach to healing with fewer side effects than western medicine."

Cristina McMullen, ND, CNHP, Bio-Energetic Practitioner



When Cristina joined the Longevity team in October 2006, she had a strong desire to learn everything there was to know about the body and how to heal it naturally. While working in the nutrition shop, she began her formal education by attending Everglades University. After graduating Magna Cum Laude with a B.S. in Alternative Medicine, she then earned her Doctorate in Traditional Naturopathy from New Eden School of Natural Health. Over the years, Cristina has also become certified in wellness coaching, bio-energetic medicine and homeoprophylaxis administration. Cristina feels extremely blessed to have been able to work with Dr. Anderson and soak up as much knowledge and insight as she could from him over the years. This level of hands-on training has been extremely invaluable and has shaped her into the type of practitioner that she is today. Cristina is a woman on a mission to help change the status of health in America. *"Better health starts with making wise decisions, becoming responsible for what we eat, removing toxins from our environments, and taking better care of our bodies."*

Maria Jones, ND, HHP, Bio-Energetic Practitioner



Maria began working at Longevity as Dr. Anderson's Lead Patient Coordinator over 10 years ago. Being at his right hand she was able to learn from a master and is excited to continue to serve patients well through natural and holistic therapies and education. Maria has earned certifications as a Master Herbalist, Holistic Health Practitioner, and Traditional Naturopath and is a Homeoprophylaxis Practitioner. Maria Jones Sasso is a dedicated and experienced Traditional Naturopath. She holds a BA in Psychology from Montclair State University and has advanced training in hormone health, having trained with Dr. Carrie Jones to master The DUTCH Test and hormone balancing techniques. Additionally, Maria trained with Dicken Weatherby in Functional Blood Chemistry analysis, further expanding her expertise in holistic diagnostics.

Janelle Bertler, ND, HHP, Bio-Energetic Practitioner



Longevity welcomed Janelle to the team in 2020. Janelle Bertler is a certified Traditional Naturopath and Bioenergetic Practitioner at Longevity Health Center, where she provides compassionate, whole-person support to individuals on their healing journeys. Her work is grounded in a lifelong connection to natural health. Growing up with parents who practiced chiropractic care and nutritional wellness, along with her own powerful experience overcoming chronic health challenges shaped the practitioner she is today. This personal path led her to dedicate her career to root-cause healing and to helping others rebuild their health from the inside out.