

*Purple Changes, Inc.  
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PO Box 159  
Waring, Texas 78074  
www.purplechanges.com  
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T: 1-830-995-3774*

**SALIVA SAMPLE INFORMATION**

NAME: \_\_\_\_\_

DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_

ZIP CODE: \_\_\_\_\_

GENDER: \_\_\_\_\_

TEL: \_\_\_\_\_ FAX: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

DESCRIBE CURRENT ISSUE(S):

MEDICAL OPINION (IF ANY):

YOUR OPINION (INTUITION):

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## **SALIVA SAMPLE INFORMATION**

DESCRIBE HOW PROBLEM STARTED:

INCLUDE ENVIRONMENTAL ISSUES BEFORE OR DURING (If any):

## **MEDICAL HISTORY**

CHILDHOOD DISEASES (Check if applicable)      Mumps      Measles  
    Rubella      Chicken Pox      Whooping Cough      Scarlet Fever      Other:

VACCINATIONS (Check if applicable)      MMR      DPT      Polio  
    Chicken Pox      TB      Other:

OPERATIONS (Include organs removed):

MAJOR HEALTH PROBLEMS OF BLOOD MOTHER & FATHER:

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## **SALIVA SAMPLE INFORMATION**

MAJOR HEALTH PROBLEMS OF BLOOD GRANDPARENTS:

MAJOR HEALTH PROBLEMS OF BLOOD SIBLINGS, AUNTS, UNCLES:

ADDITIONAL COMMENTS: