

*PURPLE CHANGES, INC.*  
*40323 Hilltop Drive*  
*Lebanon, Or 97355*  
*(541) 259 2042*

**SALIVA SAMPLE INFORMATION**

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

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

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

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

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

DESCRIBE CURRENT ISSUE(S):

MEDICAL OPINION (IF ANY):

YOUR OPINION (INTUITION) :

DESCRIBE HOW PROBLEM STARTED:

INCLUDE ENVIRONMENTAL ISSUES BEFORE OR DURING (If any):

**MEDICAL HISTORY**

CHILDHOOD DISEASES (Circle) Mumps, Measles, Rubella, Chicken Pox,  
Whooping Cough, Scarlet Fever, Other:

VACCINATIONS (Circle) MMR, DPT, Polio, Chicken Pox, TB, Other:

OPERATIONS (Include organs removed):

MAJOR HEALTH PROBLEMS OF BLOOD MOTHER & FATHER:

MAJOR HEALTH PROBLEMS OF BLOOD GRANDPARENTS:

MAJOR HEALTH PROBLEMS OF BLOOD SIDLINGS, AUNTS, UNCLES:

ADDITIONAL COMMENTS: