

Please complete and include in your test collection box.

Name _____ DOB: _____ Sex: M / F

Phone (____) _____ Mailing Address _____

Apt #/Suite _____ City _____ State _____ Zip: _____

Practitioner's Name _____

Weight _____ lbs. Date of Test _____ Substrate Given (circle) lactulose / glucose

Symptoms (Check all that apply)

Nausea _____ Weight loss _____ Diarrhea _____ Vomiting _____ Weight gain _____

Constipation _____ Bloating _____ Other _____

Record any symptoms or adverse events during breath test.

Circle severity of symptom that best fits.

20 min: _____ Mild / Mod. / Severe

40 min: _____ Mild / Mod. / Severe

60 min: _____ Mild / Mod. / Severe

80 min: _____ Mild / Mod. / Severe

100 min: _____ Mild / Mod. / Severe

120 min: _____ Mild / Mod. / Severe

140 min: _____ Mild / Mod. / Severe

160 min: _____ Mild / Mod. / Severe

Your top 3 health concerns:

1.) _____

2.) _____

3.) _____

Have you ever been diagnosed with: circle Y or N

Food allergies	Y : N
Anxiety	Y : N
Arthritis	Y : N
Asthma	Y : N
Autism Asperger's	Y : N
Autoimmune disorder	Y : N
Bacterial/ viral infection	Y : N
Cancer	Y : N
Celiac disease	Y : N
Depression	Y : N
Diabetes	Y : N
Fibromyalgia	Y : N
Irritable Bowel disease	Y : N
IBD (Crohn's or UC)	Y : N
Insomnia	Y : N
Lyme disease	Y : N
Migraine headaches	Y : N
Parkinson's disease	Y : N
Thyroid disorder	Y : N

In the past two weeks have you experienced: 0=not at all, 1=somewhat, 2=severe

Constipation	0 : 1 : 2
Diarrhea	0 : 1 : 2
Gas/Bloating	0 : 1 : 2
Heartburn/ Reflux	0 : 1 : 2
Food Intolerance	0 : 1 : 2
Feel ill with gluten/ dairy	0 : 1 : 2
Nausea	0 : 1 : 2
Sleeping difficulty	0 : 1 : 2
Skin rash	0 : 1 : 2
Eczema/ Psoriasis	0 : 1 : 2
Muscle Pain	0 : 1 : 2
Joint Pain	0 : 1 : 2
Fatigue	0 : 1 : 2
PCOS	0 : 1 : 2
PMS	0 : 1 : 2
Menopause symptoms	0 : 1 : 2
Confusion	0 : 1 : 2
Brain Fog	0 : 1 : 2
Racing Thoughts	0 : 1 : 2

Extra Gastrointestinal Background:

Did your symptoms start after a round(s) of antibiotics? Y : N

Noticed increasing # of food sensitivities? Y : N

Been eating a severely restricted diet > 1 month Y : N