

# Live Case Recordings #1 - Case Documents

Please list the 5 major health concerns in your order of importance

- MS
- osteoporosis
- high cholesterol
- over weight
- 

Please check the appropriate number on all questions below. 0 as least/never to 3 as most/always.

Category I	0	1	2	3
Feeling that bowels do not empty completely	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Lower abdominal pain relieved by passing stool or gas	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Alternating constipation and diarrhea	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Diarrhea	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Constipation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Hard, dry, or small stool	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Coated tongue or "fuzzy" debris on tongue	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pass large amount of foul-smelling gas	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
More than 3 bowel movements daily	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Use laxatives frequently	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Category II	0	1	2	3
Excessive belching, burping, or bloating	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Gas immediately following a meal	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Offensive breath	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Difficult bowel movement	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Sense of fullness during and after meals	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Difficulty digesting fruits and vegetables; undigested food found in stools	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Category III	0	1	2	3
Stomach pain, burning, or aching 1-4 hours after eating	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Use antacids	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Feel hungry an hour or two after eating	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Heartburn when lying down or bending forward	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Temporary relief by using antacids, food, milk, or carbonated beverages	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Digestive problems subside with rest and relaxation	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Heartburn due to spicy foods, chocolate, citrus, peppers, alcohol, and caffeine	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Category IV	0	1	2	3
Roughage and fiber cause constipation	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Indigestion and fullness last 2-4 hours after eating	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pain, tenderness, soreness on left side under rib cage	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Excessive passage of gas	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Nausea and/or vomiting	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Stool undigested, foul smelling, mucous like, greasy, or poorly formed	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Frequent urination	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Increased thirst and appetite	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Category V</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>
Greasy or high-fat foods cause distress	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lower bowel gas and/or bloating several hours after eating	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Bitter metallic taste in mouth, especially in the morning	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Burpy, fishy taste after consuming fish oils	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Difficulty losing weight	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Unexplained itchy skin	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Yellowish cast to eyes	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Stool color alternates from clay colored to normal brown	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Reddened skin, especially palms	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dry or flaky skin and/or hair	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
History of gallbladder attacks or stones	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Have you had your gallbladder removed?	<input type="radio"/> Yes		<input checked="" type="radio"/> No	
<b>Category VI</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>
Acne and unhealthy skin	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Excessive hair loss	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Overall sense of bloating	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Bodily swelling for no reason	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hormone imbalances	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Weight gain	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Poor bowel function	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Excessively foul-smelling sweat	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Category VII</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>
Crave sweets during the day	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Irritable if meals are missed	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Depend on coffee to keep going/get started	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Get light-headed if meals are missed	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Eating relieves fatigue	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Feel shaky, jittery, or have tremors	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Agitated, easily upset, nervous	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Poor memory/forgetful	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Blurred vision	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Category VIII</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>
Fatigue after meals	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Crave sweets during the day	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Eating sweets does not relieve cravings for sugar	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Must have sweets after meals	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Waist girth is equal or larger than hip girth	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Frequent urination	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Increased thirst and appetite	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Difficulty losing weight	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
<b>Category IX</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>
Cannot stay asleep	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Crave salt	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Slow starter in the morning	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Afternoon fatigue	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Dizziness when standing up quickly	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Afternoon headaches	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Headaches with exertion or stress	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Weak nails	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Category X</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>
Cannot fall asleep	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Perspire easily	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Under high amount of stress	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Weight gain when under stress	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Wake up tired even after 6 or more hours of sleep	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Excessive perspiration or perspiration with little or no activity	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Category XI</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>
Edema and swelling in ankles and wrists	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Muscle cramping	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Poor muscle endurance	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Frequent urination	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Frequent thirst	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Crave salt	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Abnormal sweating from minimal activity	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Alteration in bowel regularity	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Inability to hold breath for long periods	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Shallow, rapid breathing	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Category XII</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>
Tired/sluggish	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Feel cold?hands, feet, all over	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Require excessive amounts of sleep to function properly	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Increase in weight even with low calorie diet	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Gain weight easily	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Difficult, infrequent bowel movements	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Depression/lack of motivation	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Morning headaches that wear off as the day progresses	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Outer third of eyebrow thins	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Thinning of hair on scalp, face, or genitals, or excessive hair loss	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dryness of skin and/or scalp	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mental sluggishness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
<b>Category XIII</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>
Heart palpitations	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Inward trembling	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Increased pulse even at rest	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Nervous and emotional	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Insomnia	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Night sweats	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Difficulty gaining weight	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Category XIV</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>
Diminished sex drive	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Menstrual disorders or lack of menstruation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Increased ability to eat sugars without symptoms	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Category XV</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>
Increased sex drive	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Tolerance to sugars reduced	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
"Splitting" - type headaches	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Category XVI (Males Only)</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>
Urination difficulty or dribbling	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Frequent urination	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pain inside of legs or heels	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>

<b>Feeling of incomplete bowel emptying</b>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
<b>Leg twitching at night</b>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Category XVII (Males Only)</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>
Decreased libido	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Decreased number of spontaneous morning erections	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Decreased fullness of erections	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Difficulty maintaining morning erections	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Spells of mental fatigue	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Inability to concentrate	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Episodes of depression	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Muscle soreness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Decreased physical stamina	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Unexplained weight gain	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Increase in fat distribution around chest and hips	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sweating attacks	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
More emotional than in the past	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Category XVIII (Menstruating Females Only)</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>
Perimenopausal	<input type="radio"/> Yes		<input type="radio"/> No	
Alternating menstrual cycle lengths	<input type="radio"/> Yes		<input type="radio"/> No	
Extended menstrual cycle (greater than 32 days)	<input type="radio"/> Yes		<input type="radio"/> No	
Shortened menstrual cycle (less than 24 days)	<input type="radio"/> Yes		<input type="radio"/> No	
Pain and cramping during periods	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Scanty blood flow	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Heavy blood flow	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Breast pain and swelling during menses	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pelvic pain during menses	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Irritable and depressed during menses	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Acne	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Facial hair growth	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hair loss/thinning	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Category XIX (Menopausal Females Only)</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>
How many years have you been menopausal?	<input type="text" value="10"/> years			
Since menopause, do you ever have uterine bleeding	<input type="radio"/> Yes		<input checked="" type="radio"/> No	
<b>Hot flashes</b>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
<b>Mental fogginess</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
<b>Disinterest in sex</b>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>

**Mood swings**

**Depression**

**Painful intercourse**

**Shrinking breasts**

**Facial hair growth**

**Acne**

**Increased vaginal pain, dryness, or itching**

How many alcoholic beverages do you consume per week?  How many caffeinated beverages do you consume per day?

How many times do you eat out per week?  How many times a week do you eat raw nuts or seeds?

How many times a week do you eat fish?  How many times a week do you workout?

List the three worst foods you eat during the average week:  ,  ,

List the three healthiest foods you eat during the average week:  ,  ,

Do you smoke?  Yes |  No

Do you currently have mercury amalgams (fillings)  Yes |  No

Have you had mercury amalgam fillings removed in the past?  Yes |  No

Rate your levels of stress on a scale of 1-10 during the average week:

Please list any medications you currently take and for what conditions:

acyclovir 800 mg tablet for sores in ears and on vaginal area  
 atorvastatin 20 mg tablet high cholestral  
 Rituxan 10 mg/mL concentrate,intravenous for MS

Please list any natural supplements you currently take and for what conditions:

Vitamin D  
 K  
 Co Q 100 1  
 lps 1  
 Bio-doph 1 plus

organic  
 stamia caps

biotin

lysine  
 b  
 fish oil super eff

lunch  
 Thamine/biotin folic acid  
 Coq-100 1  
 Vitamin C 1  
 Glutathione 2

Bio-mega/fish oil 1  
Lysine 2 (1000 total)  
Kappaarest 2  
multi mineral  
Bio B/standard process (3)  
Osteo B Plus 3  
Liopic acid 1  
L glutamine  
Super eff fish oil  
glycine

Dinner  
biotin 100 mg  
fish oil  
Kappa 2  
multi mineral  
Osteo b plus 3  
Lysine 100mg 2  
Vitamin C  
Bio b (3)  
L glutamine

Bed time  
Mag 3  
Bio Doph 1 pro biotics  
Stamia caps

Indicate the frequency with which you eat the following foods by marking in the appropriate box. **FREQUENT**= at least once a day, **OFTEN**= several times per week, **OCCASIONAL**= once a week or less, **SELDOM**= once or twice a month or less, **NEVER**= total avoidance.

	Frequent	Often	Occas.	Seldom	Never
Alcoholic Beverages	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Eat Out at Restaurants	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Pastries, Cookies, Candy, Ice Cream and Other Sweets	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
White Flour: Bread, Pasta, Pancakes, Crackers, Muffins, etc	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Add Sugar to Coffee, Tea, Cereals, or Other Foods	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Sodas or Soft Drinks	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Diet Soft Drinks	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Fruit Juices	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Artificial Sweeteners (NutraSweet, Saccharin, etc)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Natural Sweeteners (Honey, Maple Syrup, Agave, etc)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Breakfast Cereals (Hot or Cold)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Packaged Foods:Chips, Crackers, Puffs, Pretzels	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Vegetable Oils (Sunflower, Safflower, Canola, Corn, Soy)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Margarine or Tub Vegetable Oil Spreads	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Deep-Fried Foods	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Olive Oil	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Avocados	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Saturated Fats (Butter, Ghee, Lard, Coconut, Palm, Tallow)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Fatty Fish (Salmon, Mackerel, Sardines, Herring)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Nuts and Seeds, Nut/Seed Butters	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Pasteurized Dairy (Check: <input type="checkbox"/> Nonfat, <input type="checkbox"/> Low-Fat, <input type="checkbox"/> Whole)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Raw Dairy Products (Check: <input type="checkbox"/> Nonfat, <input type="checkbox"/> Low-Fat, <input type="checkbox"/> Whole)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Fermented Dairy Products (Yogurt, Kefir, Cheese)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Eggs (Check: <input type="checkbox"/> Free-Range, <input type="checkbox"/> Pastured, <input type="checkbox"/> Organic, or <input type="checkbox"/> Conventional)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Poultry or Fowl (Chicken, Turkey, Duck, etc)	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pork	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Red Meat (Beef, Lamb)	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Processed Meats (Bacon, Sausage, Salami, Ham, etc)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Organ Meats (Liver, Kidney, Sweetbreads, etc)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Soy Products (Tofu, Tempeh, Soy Milk, Edamame)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>



Salads, Uncooked Vegetables	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Fermented Vegetables (Sauerkraut, Kim Chi, etc)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Non-Starchy Vegetables (Greens, Squash, Carrots)	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Starchy Vegetables (Potatoes, Yams, Sweet Potatoes)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Fresh Fruits	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Beans and Legumes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Whole Grains and Whole Grain Breads (Wheat, Gluten)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Alternative Grains (Quinoa, Buckwheat, Teff, etc)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Herbs and Spices (Fresh or Dried)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Chocolate (Check: <input type="checkbox"/> Milk or <input type="checkbox"/> Dark)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Herbal Teas	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Coffee (Check: <input checked="" type="checkbox"/> Regular or <input type="checkbox"/> Decaffeinated)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Caffeinated Teas (Check: <input type="checkbox"/> Black or <input type="checkbox"/> Green)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Salt (Check: <input type="checkbox"/> Iodized or <input type="checkbox"/> Sea Salt)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>

Please indicate if you are on any special diet:

- Ovo-lacto-vegetarian
- Diabetic ADA
- Dairy-free
- Gluten-free**
- Vegetarian
- Vegan
- Paleo**
- GAPS
- Other

If you checked any, how long have you been on this diet?

If you checked any, how strictly are you on it? For example: 80/20, or all the time, except certain holidays

Please check any and all boxes below that describe your current eating styles:

- Eat while driving, in front of a TV or computer, or multi-tasking
- Irregular eating habits (eating times, portion sizes, etc)
- Eat late at night
- Time constraints
- Eat more than 50% meals away from home
- Confused about nutritional advice
- Eat lots of pre-made or pre-packaged foods and snacks
- Don't eat breakfast or dinner together as a family unit
- Emotional eater (when sad, bored)
- Fast eater
- Eat too much
- Eat in the middle of the night
- Travel Frequently
- Don't care to cook, or never learned
- Don't really enjoy meals; eat mostly for fuel or calories
- Lack of choice of healthy foods in neighborhood
- Don't share same meals, even if seated together at table (special dietary needs and/or food preferences)
- Have a negative relationship to food

Diet often for weight control

**Struggle with eating issues or history of eating disorders**

Eat too much or too little under stress

**Additional Comments**

I am Italian and went gluten free in 2006, although there are some great products I rarely eat gluten free pasta, Italian sausage, I am paleo autoimmune and try to follow a strict diet. I eat rice maybe once a month.. pasta maybe once a month. I may eat rice crackers twice a week for a snack. I struggle with my weigh.. and that is why i chose struggle with eating issues above.

The food we eat is probably the single-most important factor determining whether we are healthy or ill. The goal of this survey is not to pass judgment, but instead to get an accurate idea of what you're eating and how it may (or may not) be contributing to your health problems. The more accurate and honest you can be in your responses, the more I will be able to help you make choices that support health and well-being.

1) Describe a typical breakfast (including what time you eat it).

juice of one green apple, ginger nub, tumeric, 5 cups of kale, 1 carrot, sometimes eggs.

2) Do you have a morning snack?  Yes  No  Sometimes

Sometimes 6 oz of coffee with coconut milk and Trader Joe's raw Stevia I have this maybe twice a week

3) Describe a typical lunch (including what time you eat it).

Salad from Trader Joes, with chicken, kale, broccoli, dried cranberries, red onion, bone broth, bone broth soup of either chicken or beef, with carrots and one potato. hamburger patty and oven cooked sweet potato or potato fries,

4) Do you have an afternoon snack?  Yes  No  Sometimes

plantain chips, apple, popcorn maybe three bags a month smart pop...but some months not at all.

5) Describe a typical dinner (including what time you eat it).

beef, chicken, salmon vegies,, sometimes baked fries, salad

6) Do you eat a bedtime snack?  Yes  No  Sometimes

7) Do you eat dessert after:  lunch?  dinner?  both?  "I don't eat dessert"

Please describe what you eat for dessert

8) Do you wake up hungry in the middle of the night?  Yes  No  Sometimes

If so, do you eat? What do you eat?

**Additional Comments**

I do like Ginger Chervs Candy from Trader Joes that is a weakness, I eat probably four a week during the summer five times I have a gluten free S'More, and a few times Porto's dessert gluten free Triple Chocolate Mouse and also a Cream Bulee.  
After I eat daily sometimes I feel sick and yucky, I get hot flashes and also feel very cold most of the time. I drink water and herbal licorice tea. I am going to do more bone broth and soups daily..

**ENVIRONMENTAL EXPOSURE**

Please answer the following questions:

	Yes	No	Unknown
1) Do you have exposure to the interior building of a water damaged building and/or microbial growth? If yes, please answer the next three (3) questions:	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
a. Do you have samples/evidence of spore or genus and species of fungus (air test, ERMI test, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Is there visible microbial growth (mold)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Is there a presence of musty smells?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2) Do you remember a tick bite occurring before your illness beginning? If yes, please answer the next two (2) questions:	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
a. Did you have an unexplained rash after the bite?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Did you experience flu-like illness after the bite?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3) Have you had a brown recluse or other poisonous spider bite? If yes:	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
a. Did you experience flu-like illness after the bite?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4) Did you become ill after eating fish?	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
5) Did you become ill after exposure to a body of fresh water?	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
6) Did you become ill after exposure to the ocean during a 'Red Tide' or other bloom?	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
7) Did you become ill after exposure to an estuary fish kill?	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
8) Did you become ill after exposure to a closed shell fish bed area?	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>

**ASSOCIATED ILLNESSES**

Please mark yes or no:

Illness	Yes	No
Tick borne Illness	<input type="radio"/>	<input checked="" type="radio"/>
Lyme Disease	<input type="radio"/>	<input checked="" type="radio"/>
Fibromyalgia	<input type="radio"/>	<input checked="" type="radio"/>
Chronic Fatigue Syndrome	<input type="radio"/>	<input checked="" type="radio"/>
Gulf War Syndrome	<input type="radio"/>	<input checked="" type="radio"/>
Chemical Sensitivity	<input type="radio"/>	<input checked="" type="radio"/>
Sick Building Syndrome	<input type="radio"/>	<input checked="" type="radio"/>
Fungus or Mycotoxicosis	<input type="radio"/>	<input checked="" type="radio"/>
Depression	<input checked="" type="radio"/>	<input type="radio"/>
Chronic Soft Tissue Injury	<input type="radio"/>	<input checked="" type="radio"/>
Irritable Bowel Syndrome	<input checked="" type="radio"/>	<input type="radio"/>
Bacteria	<input type="radio"/>	<input checked="" type="radio"/>
Bell's Palsy	<input type="radio"/>	<input checked="" type="radio"/>
Pfiesteria	<input type="radio"/>	<input checked="" type="radio"/>
Sensory Neural Hearing Loss		

Ciguatera Seafood Poisoning	<input type="radio"/>	<input checked="" type="radio"/>
Any Learning Disability	<input type="radio"/>	<input checked="" type="radio"/>
Autism	<input checked="" type="radio"/>	<input type="radio"/>
Attention Deficit Disorder	<input type="radio"/>	<input checked="" type="radio"/>
Charcot Marie Tooth Syndrome	<input type="radio"/>	<input checked="" type="radio"/>
Alzheimer's Disease	<input type="radio"/>	<input checked="" type="radio"/>
Parkinson's Disease	<input type="radio"/>	<input checked="" type="radio"/>
Amyotrophic Lateral Sclerosis	<input type="radio"/>	<input type="radio"/>
Multiple Sclerosis	<input checked="" type="radio"/>	<input type="radio"/>
Diabetes	<input checked="" type="radio"/>	<input type="radio"/>
Ocular Disease (e.g., cataract)	<input type="radio"/>	<input checked="" type="radio"/>
Retinal Disease (e.g., glaucoma)	<input type="radio"/>	<input checked="" type="radio"/>
Low Vision or Blindness	<input type="radio"/>	<input checked="" type="radio"/>
Another Condition Involving Neurological Function	<input type="radio"/>	<input checked="" type="radio"/>

The single most important criteria for effective case management is a comprehensive and detailed health history. Please answer the following questions with as much detail as possible. It is important for me to know everything about you and your case. Even when you feel the questions may not be directly relevant to your situation, please do your best to answer them.

It takes tremendous time and energy for any healthcare provider to manage a complicated case. My practice is limited to a small number of patients and therefore the case review process is very important.

*Instructions: Please type answers to the following questions with as much detail as possible. Please answer each question independently.*

**HEALTH HISTORY QUESTIONS**

1) Please list the following

Education:

Profession:

Interests (sports, hobbies, etc.):

tennis, racquetball, working out at the gym, cooking, hostessing dinners, entertaining, church, playing games, reading, teaching, gardening, cant sit on ground because cant get up, playing with my nephew, carrying my nephew or a baby, helping with my nephew, playing with my grandsons, driving and picking them up, spending time with others,

2) List your chief complaints in order of your importance:

fatigue, weakness in right leg, leg going numb without warning, falling down, not being able to walk down street or to mailbox. spins, vertigo, hot flashes, constipation, feeling worthless due to fatigue and limitation, watching others do things and I am too weak, being thirsty and not being able to get a drink, miss planting and gardening on ground as I cant get up, weak eyes, reaching items and stepping on a chair to get items, asking my husband to help get something or do something and he doesn't, In the past I have been been thirsty all day and he wont even help me, weight gain, not going to church, getting in and out of the bathtub, pool spa, wetting my pants, pooping in my pants without warning, cooking, cleaning, tennis, racquetball, etc... I just cry and cry as I feel like a failure and a burden.

3) List all diagnoses given to you in a timeline sequence and your personal opinions about them.

MS hit July 1999 but confirmed Oct 12, 1999 by Spinal tap and MRI I miss my old self so much, it ripped away me life from me  
Pre diabetic, pre- congestive heart disease, high cholesterol, over weight since MS hit. as a baby I was born with Hepatitis,  
osteoporosis and had a reaction to osteoporosis medication, I take lipitor for high Cholesterol,

4) What's your opinion on what has happened to your health?

I dont know but the year my MS hit my husband and I went through a difficult year where he thought I was having an affair etc.. it tore me up. but that was 1999. I was in a car accident in may of 1999 and was re-ended.

5) List any treatments, medications, or supplements that have improved your health.

6) List any treatments, medications, or supplements that have caused reactions or decreased your health.

7) List in a timeline sequence any medical procedures or surgeries you have had:

1989 partial hysterectomy, uterus removed, as a child i had my tonsils removed.

**PERSONAL OPINION QUESTIONS**

\*Please do not answer "I don't know" to any of these questions.\*

1) Why do you think healthcare practitioners have failed with your case?

I dont think they have failed me as I do like my nuerologist but I am hoping for specific answers for help with improving my health

2) What are you looking for in a healthcare practitioner?

Someone who understands my daily struggles and can help gudie me how to improve my strength

3) What do you consider a realistic window of time to see changes in your health under our care?

1 to two years

4) Are you prepared to pay for the laboratory testing, consulting fees and nutritional supplements that may be required to successfully manage your condition?

yes

5) On a scale of 1 to 10, how committed are you to recovering your health?  Why?

I am TIRED of who I have become and would dream of taking a walk, working out at the gym, driving, being a grandma, picking my grandkids up and taking them somewhere

6) What obstacles or beliefs, if any, stand in the way of you recovering your health?

mu husband is resistant but has come a long way to get on board. My son has been a huge help to me.

7) Are there emotional or psychological issues that may be contributing to your health problems? If so, please explain them briefly.

I have gone through horrible family issues that have torn me up. Having a special needs son who is schizoaffective .. I cant feel free to express my feelings and have to go in the shower and cry, I can not take a walk or drive to get away. My grandsons raised by two lesbians, as when my son married and had two kids with her only to find out she was already married before, we had thrown them a 10,000.00 wedding. Now she left him for another woman. My brothers hurting me after my dad died and just being unfair and mean to me. Dealing with financial issues as I pay all the bills and trying to eat healthy as it costs so much and the high cost of vitamins and healthcare. My healthcare is 1500. a month, My youngest son being jolted by his girlfriend two years ago and she cut off ties with us after 5 years of dating all of a sudden. My grand boys being told I am not a good person, selfish, bad, etc.. I have received horrible notes from the mother of my grand kids that tore me up. My husband being so short with me and impatient,

8) Do you enjoy your work? Do you believe your work contributes to your health problems?

I am retired but loved teaching

9) Do you have a purpose in life?

I think so, I am full of joy at knowing better things are on the horizon but sad that I am so limited.

10) Where else do you find support? Friends? Church or religious group? Nature?

my sister in law in Minnesota, I do attend church when I can,

11) How did you feel about answering all of these questions and the case review process?

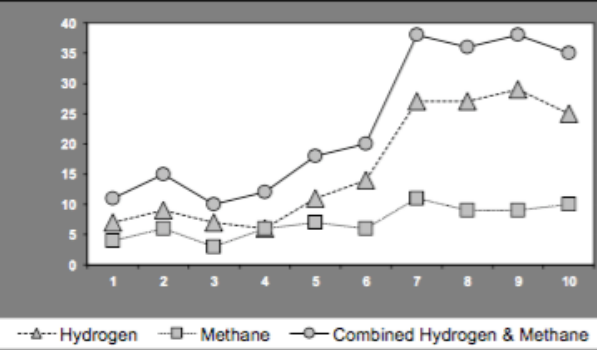
I might of forgot something as I cant think like I used to, I am an open book and just want to get better,

Marker	Value	Functional Range	Lab Range
Glucose	92	75 - 85	65 - 99
Hemoglobin A1c	5.9	4.6 - 5.3	4.8 - 5.6
BUN	9	13 - 18	8 - 27
Creatinine	0.56	0.7 - 1.0	0.57 - 1.00
BUN/Creatinine Ratio	16	9 - 23	9 - 23
eGFR if Non-African American	102		> 59
eGFR if African American	117		> 59
Sodium	140	135 - 140	136 - 144
Potassium	4.4	4.0 - 4.5	3.5 - 5.2
Chloride	99	100 - 106	97 - 106
CO2	25	25 - 30	18 - 29
Calcium	9.5	9.2 - 10.1	8.7 - 10.2
Parathyroid Hormone, Intact	4	15 - 60	15 - 65
Protein, total	6.9	6.9 - 7.4	6.0 - 8.5
Albumin	4.4	4.0 - 5.0	3.5 - 5.5
Globulin	2.5	2.4 - 2.8	1.5 - 4.5
A/G ratio	1.8	1.5 - 2.0	1.1 - 2.5
Bilirubin, total	0.4	0.1 - 1.2	0.0 - 1.2
Alkaline Phosphatase	78	42 - 107	39 - 117
LDH		140 - 180	119 - 226
AST	24	0 - 23	0 - 40
ALT	26	0 - 20	0 - 32
TIBC	325	275 - 425	250 - 450
UIBC	244	175 - 350	150 - 375
Iron	81	40 - 135	35 - 155
Iron saturation	25	17 - 45	15 - 55
Ferritin	116	30 - 100	20 - 400
Vitamin B-12	>2000	450 - 2000	200 - 910
Folate, Serum	19.3	> 8.0	> 5.4
Calcitriol (1,25 di-OH Vitamin D)	54.4	19.9 - 79.3	19.9 - 79.3
Vitamin D, 25-hydroxy	59	35 - 60	30.0 - 100.0
Cholesterol, total	180	150 - 230	100 - 199
Triglycerides	181	50 - 100	0 - 149
HDL	48	55 - 85	> 39
LDL	96	0 - 140	0 - 99
T. Chol / HDL Ratio	3.8	< 3	0 - 4.4
Triglycerides / HDL Ratio	3.77	< 2	< 3.8



Marker	Value	Functional Range	Lab Range
CRP-hs	1.5	< 1.0	0.00 - 7.40
Homocysteine	8.1	< 7.0	0.0 - 15.0
TSH	0.98	0.5 – 2.0	0.35 - 4.000
T4, total	7.2	6.0 – 12	4.5 - 12.0
T3 Uptake	26	28 - 35	24 - 39
T3, Total	103	100 – 180	58 - 159
T3, Free	3.1	2.5 - 4.0	2 - 4.4
T4, Free	1	1 - 1.5	0.8 - 1.5
Thyroid – TPO Ab	<3.0		0 - 5.5
Thyroid – TGA	<1.0		0 - 0.9
Copper	103	81 - 157	80 - 155
Zinc	85	64 - 126	50 - 110
Zinc / Copper Ratio	0.83	0.85 - 1.2	
Serum Methylmalonic Acid (MMA)	160	< 300	0 - 290
WBC	6.7	5.0 – 8.0	4 - 11
RBC	5.47	4.4 – 4.9	4.2 - 5.4
Hemoglobin	16.0	13.5 - 14.5	12 - 16
Hematocrit	46.8	37 - 44	37 - 47.0
MCV	85.6	85 – 92	81 - 99
MCH	29.2	27.7 – 32.0	27.0 - 35.0
MCHC	34.1	32 – 35	32.0 - 37.0
RDW	12.4	11.5 – 15.0	11.5 - 14.5
Platelets	250	150 – 379	130 - 400
Neutrophils	62.3	40 – 60	
Lymphocytes	27.8	25 – 40	
Monocytes	5.8	4.0 – 7.0	
Eosinophils	2.7	0.0 – 3.0	
Basophils	1.5	0.0 – 3.0	

Data					
H <sub>2</sub> = Hydrogen CH <sub>4</sub> = Methane CO <sub>2</sub> = Carbon Dioxide (valid results if over 1.4%)					
Sample Tube	ppm H <sub>2</sub>	ppm CH <sub>4</sub>	Total H <sub>2</sub> + CH <sub>4</sub>	CO <sub>2</sub> %	
1	Baseline	7	4	11	OK
2	20 min	9	6	15	OK
3	40 min	7	3	10	OK
4	60 min	6	6	12	OK
5	80 min	11	7	18	OK
6	100 min	14	6	20	OK
7	120 min	27	11	38	OK
8	140 min	27	9	36	OK
9	160 min	29	9	38	OK
10	180 min	25	10	35	OK

Analysis			
	Result	Flag	Normal
Combined baseline total =	11	-	≤20ppm
Greatest H <sub>2</sub> value within first 120 minutes =	27	H	≤20ppm
Greatest H <sub>2</sub> increase over the lowest preceding value within first 120 minutes =	21	H	≤20ppm
Greatest CH <sub>4</sub> value within first 120 minutes =	11	-	≤12ppm
Greatest CH <sub>4</sub> increase over the lowest preceding value within first 120 minutes =	8	-	≤12ppm
Greatest combined H <sub>2</sub> & CH <sub>4</sub> value within first 120 minutes =	38	H	≤15ppm
Greatest combined H <sub>2</sub> & CH <sub>4</sub> increase over the lowest preceding value within first 120 minutes =	28	H	≤15ppm

Interpretation		
SIBO Suspected - Elevated Hydrogen	Raw values and/or increases of Hydrogen greater than 20ppm over the lowest preceding value within the first 120 minutes (+/- 5min deviation) are indicative of bacterial overgrowth.	<b>POSITIVE</b>
SIBO Suspected - Elevated Methane	Raw values and/or increases of Methane greater than 12ppm over the lowest preceding value within the first 120 minutes (+/- 5min deviation) are indicative of bacterial overgrowth.	<b>NEGATIVE</b>
SIBO Suspected - Elevated Combined Hydrogen & Methane Gasses	Raw values and/or increases in combined Hydrogen and Methane gas values greater than 15ppm over the lowest preceding value are indicative of bacterial overgrowth.	<b>POSITIVE</b>

### GI Screen with H. pylori Antigen - 401H

Microscopy			
	Sample I	Sample II	Sample III
<b>Ova/Parasites</b>	No Ova/Parasites Found	No Ova/Parasites Found	No Ova/Parasites Found
<b>Trichrome Stain</b>	No Ova/Parasites Found	No Ova/Parasites Found	No Ova/Parasites Found
<b>Yeast</b>	No yeast found	No yeast found	No yeast found
<p>Each stool sample was prepared for microscopic evaluation on wet mount and trichrome stains, utilizing resource-intensive techniques to aid in the analysis and detection of organisms. Yeast, when visibly identified, is reported in terms of predominance on the sample. If 'QNS' is reported, the patient's sample was inadequate for testing purposes.</p>			
Antigens			
<b>Cryptosporidium parvum</b>		NOT DETECTED	
<b>Giardia lamblia</b>		NOT DETECTED	
<b>Helicobacter pylori</b>		DETECTED	
<p>Stool antigen tests are widely used for their non-invasive nature, high sensitivity, and high specificity. Detection of antigens on the surface of organisms in stool specimens is the current test of choice for pathogen diagnosis and provides increased sensitivity over more common microscopy techniques.</p>			
Cultures			
Bacteria		Yeast	
<b>Citrobacter spp.:</b>	NG	<b>Candida Spp.:</b> NG <b>Other Yeast Identified:</b> No other yeast identified	
<b>Enterobacter spp.:</b>	+4		
<b>Identification:</b>	Enterobacter cloacae complex		
<b>Escherichia coli:</b>	NG		
<b>Klebsiella spp.:</b>	NG		
<b>Proteus spp.:</b>	NG		
<b>Pseudomonas spp.:</b>	NG		
<b>Other Bacteria spp. Identified:</b>	No other bacteria identified		
<p>Organisms grown on culture media are reflexed to manual and/or automated procedures to identify at the species level. The organism amount of growth is reported based on the four quadrants of the plate medium. NG= No Growth. +1 or +2 = Light. +3 = Moderate. +4 = Abundant. If 'QNS' is reported, the patient's sample was inadequate for testing purposes. Standard organisms are listed based on their known prevalence within the patient population, as well as predominance in literature as pathogens and/or causes of autoimmune activity.</p>			
Occult Blood			
<b>Result:</b>		NOT DETECTED	
<p>The occult blood test aims to detect subtle blood loss in the gastrointestinal tract, anywhere from the mouth to the colon. Positive tests may result from either upper or lower gastrointestinal bleeding and warrant further investigation.</p>			

### Clostridium difficile - 417

Result	
<b>Clostridium difficile:</b>	NOT DETECTED
<p>C. difficile infection is most commonly associated with health care and recent antibiotic use, occurring in hospitals and other health care facilities where a much higher percentage of people carry the bacteria. However, studies show increasing rates of community-associated C. difficile infection, which occurs among populations traditionally not considered high risk, such as children and people without a history of antibiotic use or recent hospitalization.</p>	

					Dates	Taken	Arrived	Analyzed		
					Present	10/6/2016	10/10/2016	10/19/2016		
					Previous	NA	NA	NA		
<b>Nutrient Elements</b>										
Percentile Rank by Quintile										
Element	10/6/2016	NA	Range	Units	20	40	60	80	100	Percentile
Calcium	5.31	NA	4.44-6.21	mg/dL						49%
Copper	93	NA	60-111	µg/dL						70%
Lithium	0.9 B	NA	<0.1-10.8	µg/L						36%
Magnesium	4.22	NA	2.80-4.05	mg/dL						98%
Manganese	11.8	NA	2.3-14.5	µg/L						83%
Molybdenum	0.8	NA	<0.2-1.4	µg/L						67%
Selenium	175	NA	83-320	µg/L						36%
Zinc	620	NA	403-738	µg/dL						70%
<b>Potentially Toxic Elements</b>										
Percentile Rank by Quintile										
Element	10/6/2016	NA	Range	Units	20	40	60	80	100	Percentile
Arsenic	0.3 B	NA	<5.2	µg/L						28%
Cadmium	0.4 B	NA	<0.7	µg/L						65%
Cobalt	0.3 B	NA	<1.0	µg/L						63%
Lead	0.74	NA	<2.10	µg/dL						27%
Mercury	< 0.1	NA	<5.8	µg/L						N/A
Silver	< 0.1	NA	<0.9	µg/L						N/A
Strontium	28	NA	<61	µg/L						58%

*Comprehensive Stool Analysis / Parasitology x3*

BACTERIOLOGY CULTURE		
Expected/Beneficial flora	Commensal (Imbalanced) flora	Dysbiotic flora
4+ Bacteroides fragilis group 1+ Bifidobacterium spp. NG Escherichia coli 1+ Lactobacillus spp. 4+ Enterococcus spp.  4+ Clostridium spp. NG = No Growth	2+ Bacillus spp 3+ Pseudomonas chlororaphis group	

BACTERIA INFORMATION
<p><b>Expected /Beneficial bacteria</b> make up a significant portion of the total microflora in a healthy &amp; balanced GI tract. These beneficial bacteria have many health-protecting effects in the GI tract including manufacturing vitamins, fermenting fibers, digesting proteins and carbohydrates, and propagating anti-tumor and anti-inflammatory factors.</p> <p><b>Clostridia</b> are prevalent flora in a healthy intestine. Clostridium spp. should be considered in the context of balance with other expected/beneficial flora. Absence of clostridia or over abundance relative to other expected/beneficial flora indicates bacterial imbalance. If <i>C. difficile</i> associated disease is suspected, a Comprehensive Clostridium culture or toxigenic <i>C. difficile</i> DNA test is recommended.</p> <p><b>Commensal (Imbalanced) bacteria</b> are usually neither pathogenic nor beneficial to the host GI tract. Imbalances can occur when there are insufficient levels of beneficial bacteria and increased levels of commensal bacteria. Certain commensal bacteria are reported as dysbiotic at higher levels.</p> <p><b>Dysbiotic bacteria</b> consist of known pathogenic bacteria and those that have the potential to cause disease in the GI tract. They can be present due to a number of factors including: consumption of contaminated water or food, exposure to chemicals that are toxic to beneficial bacteria; the use of antibiotics, oral contraceptives or other medications; poor fiber intake and high stress levels.</p>

YEAST CULTURE	
Normal flora	Dysbiotic flora
1+ Rhodotorula mucilaginosa	

MICROSCOPIC YEAST	
<b>Result:</b>	<b>Expected:</b>
<input type="checkbox"/> Rare	<input type="checkbox"/> None - Rare
<p>The microscopic finding of yeast in the stool is helpful in identifying whether there is proliferation of yeast. Rare yeast may be normal; however, yeast observed in higher amounts (few, moderate, or many) is abnormal.</p>	

YEAST INFORMATION
<p><b>Yeast</b> normally can be found in small quantities in the skin, mouth, intestine and mucocutaneous junctions. Overgrowth of yeast can infect virtually every organ system, leading to an extensive array of clinical manifestations. Fungal diarrhea is associated with broad-spectrum antibiotics or alterations of the patient's immune status. Symptoms may include abdominal pain, cramping and irritation. When investigating the presence of yeast, disparity may exist between culturing and microscopic examination. Yeast are not uniformly dispersed throughout the stool, this may lead to undetectable or low levels of yeast identified by microscopy, despite a cultured amount of yeast. Conversely, microscopic examination may reveal a significant amount of yeast present, but no yeast cultured. Yeast does not always survive transit through the intestines rendering it unviable.</p>

*Comprehensive Stool Analysis / Parasitology x3*

PARASITOLOGY/MICROSCOPY	PARASITOLOGY INFORMATION
<p><b>Sample 1</b> None Ova or Parasites Rare Yeast</p> <p><b>Sample 2</b> None Ova or Parasites Rare Yeast</p> <p><b>Sample 3</b> None Ova or Parasites Rare Yeast</p>	<p>Intestinal parasites are abnormal inhabitants of the gastrointestinal tract that have the potential to cause damage to their host. The presence of any parasite within the intestine generally confirms that the patient has acquired the organism through fecal-oral contamination. Damage to the host includes parasitic burden, migration, blockage and pressure. Immunologic inflammation, hypersensitivity reactions and cytotoxicity also play a large role in the morbidity of these diseases. The infective dose often relates to severity of the disease and repeat encounters can be additive.</p> <p>There are two main classes of intestinal parasites, they include protozoa and helminths. The protozoa typically have two stages; the trophozoite stage that is the metabolically active, invasive stage and the cyst stage, which is the vegetative inactive form resistant to unfavorable environmental conditions outside the human host. Helminths are large, multicellular organisms. Like protozoa, helminths can be either free-living or parasitic in nature. In their adult form, helminths cannot multiply in humans.</p> <p>In general, acute manifestations of parasitic infection may involve diarrhea with or without mucus and or blood, fever, nausea, or abdominal pain. However these symptoms do not always occur. Consequently, parasitic infections may not be diagnosed or eradicated. If left untreated, chronic parasitic infections can cause damage to the intestinal lining and can be an unsuspected cause of illness and fatigue. Chronic parasitic infections can also be associated with increased intestinal permeability, irritable bowel syndrome, irregular bowel movements, malabsorption, gastritis or indigestion, skin disorders, joint pain, allergic reactions, and decreased immune function.</p> <p>In some instances, parasites may enter the circulation and travel to various organs causing severe organ diseases such as liver abscesses and cysticercosis. In addition, some larval migration can cause pneumonia and in rare cases hyper infection syndrome with large numbers of larvae being produced and found in every tissue of the body.</p> <p>One negative parasitology x1 specimen does not rule out the possibility of parasitic disease, parasitology x3 is recommended. This test is not designed to detect <i>Cyclospora cayetanensis</i> or <i>Microsporidia</i> spp.</p>

GIARDIA/CRYPTOSPORIDIUM IMMUNOASSAY				
	Within	Outside	Reference Range	
<i>Giardia duodenalis</i>	Neg	Neg	Neg	<p><b><i>Giardia duodenalis</i></b> (AKA <i>intestinalis</i> and <i>lamblia</i>) is a protozoan that infects the small intestine and is passed in stool and spread by the fecal-oral route. Waterborne transmission is the major source of giardiasis.</p>
<i>Cryptosporidium</i>	Neg	Neg	Neg	<p><b><i>Cryptosporidium</i></b> is a coccidian protozoa that can be spread from direct person-to-person contact or waterborne transmission.</p>

*Comprehensive Stool Analysis / Parasitology x3*

DIGESTION / ABSORPTION				<p><b>Elastase</b> findings can be used for the diagnosis or the exclusion of exocrine pancreatic insufficiency. Correlations between low levels and chronic pancreatitis and cancer have been reported. <b>Fat Stain:</b> Microscopic determination of fecal fat using Sudan IV staining is a qualitative procedure utilized to assess fat absorption and to detect steatorrhea. <b>Muscle fibers</b> in the stool are an indicator of incomplete digestion. Bloating, flatulence, feelings of "fullness" may be associated with increase in muscle fibers. <b>Vegetable fibers</b> in the stool may be indicative of inadequate chewing, or eating "on the run". <b>Carbohydrates:</b> The presence of reducing substances in stool specimens can indicate carbohydrate malabsorption.</p>
	Within	Outside	Reference Range	
Elastase	442		> 200 µg/mL	
Fat Stain	Mod		None - Mod	
Muscle fibers	None		None - Rare	
Vegetable fibers	Rare		None - Few	
Carbohydrates	Neg		Neg	

INFLAMMATION				<p><b>Lactoferrin</b> and <b>Calprotectin</b> are reliable markers for differentiating organic inflammation (IBD) from function symptoms (IBS) and for management of IBD. Monitoring levels of fecal lactoferrin and calprotectin can play an essential role in determining the effectiveness of therapy, are good predictors of IBD remission, and can indicate a low risk of relapse. <b>Lysozyme*</b> is an enzyme secreted at the site of inflammation in the GI tract and elevated levels have been identified in IBD patients. <b>White Blood Cells</b> (WBC) and <b>Mucus</b> in the stool can occur with bacterial and parasitic infections, with mucosal irritation, and inflammatory bowel diseases such as Crohn's disease or ulcerative colitis.</p>
	Within	Outside	Reference Range	
Lactoferrin	0.9		< 7.3 µg/mL	
Calprotectin*	< 10		<= 50 µg/g	
Lysozyme*	242		<= 600 ng/mL	
White Blood Cells	None		None - Rare	
Mucus	Neg		Neg	

IMMUNOLOGY				<p><b>Secretory IgA*</b> (sIgA) is secreted by mucosal tissue and represents the first line of defense of the GI mucosa and is central to the normal function of the GI tract as an immune barrier. Elevated levels of sIgA have been associated with an upregulated immune response.</p>
	Within	Outside	Reference Range	
Secretory IgA*		283	51 - 204 mg/dL	

## Comprehensive Stool Analysis / Parasitology x3

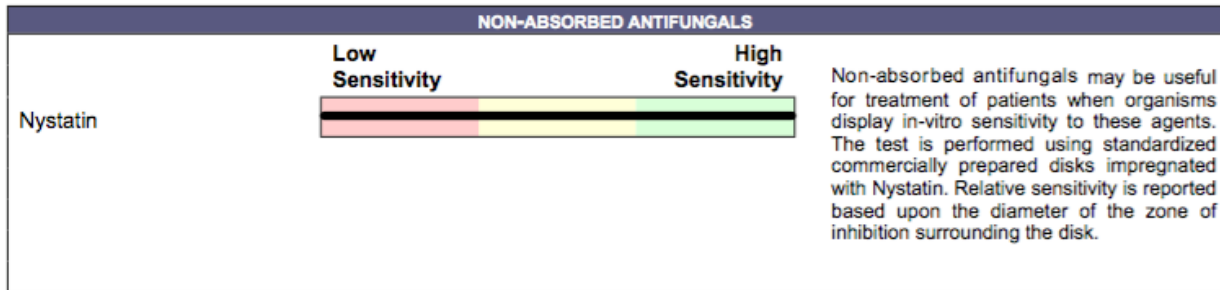
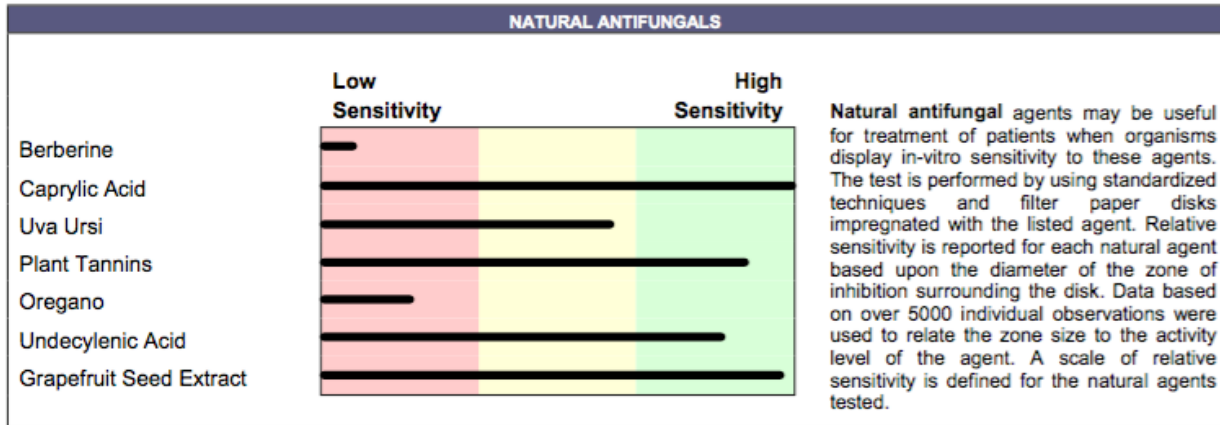
SHORT CHAIN FATTY ACIDS				
	Within	Outside	Reference Range	
% Acetate		77	40 - 75 %	<p><b>Short chain fatty acids (SCFAs):</b> SCFAs are the end product of the bacterial fermentation process of dietary fiber by beneficial flora in the gut and play an important role in the health of the GI as well as protecting against intestinal dysbiosis. Lactobacilli and bifidobacteria produce large amounts of short chain fatty acids, which decrease the pH of the intestines and therefore make the environment unsuitable for pathogens, including bacteria and yeast. Studies have shown that SCFAs have numerous implications in maintaining gut physiology. SCFAs decrease inflammation, stimulate healing, and contribute to normal cell metabolism and differentiation. Levels of <b>Butyrate</b> and <b>Total SCFA</b> in mg/mL are important for assessing overall SCFA production, and are reflective of beneficial flora levels and/or adequate fiber intake.</p>
% Propionate	13		9 - 29 %	
% Butyrate		7.9	9 - 37 %	
% Valerate	2.2		0.5 - 7 %	
Butyrate		0.65	0.8 - 4.8 mg/mL	
Total SCFA's	8.3		4 - 18 mg/mL	

INTESTINAL HEALTH MARKERS				
	Within	Outside	Reference Range	
Red Blood Cells	None		None - Rare	<p><b>Red Blood Cells (RBC)</b> in the stool may be associated with a parasitic or bacterial infection, or an inflammatory bowel condition such as ulcerative colitis. Colorectal cancer, anal fistulas, and hemorrhoids should also be ruled out.</p> <p><b>pH:</b> Fecal pH is largely dependent on the fermentation of fiber by the beneficial flora of the gut.</p> <p><b>Occult blood:</b> A positive occult blood indicates the presence of free hemoglobin found in the stool, which is released when red blood cells are lysed.</p>
pH	7.2		6 - 7.8	
Occult Blood		Pos	Neg	

MACROSCOPIC APPEARANCE			
	Appearance	Expected	
Color	Brown	Brown	<p><b>Color:</b> Stool is normally brown because of pigments formed by bacteria acting on bile introduced into the digestive system from the liver. While certain conditions can cause changes in stool color, many changes are harmless and are caused by pigments in foods or dietary supplements. <b>Consistency:</b> Stool normally contains about 75% water and ideally should be formed and soft. Stool consistency can vary based upon transit time and water absorption.</p>
Consistency	Soft	Formed/Soft	

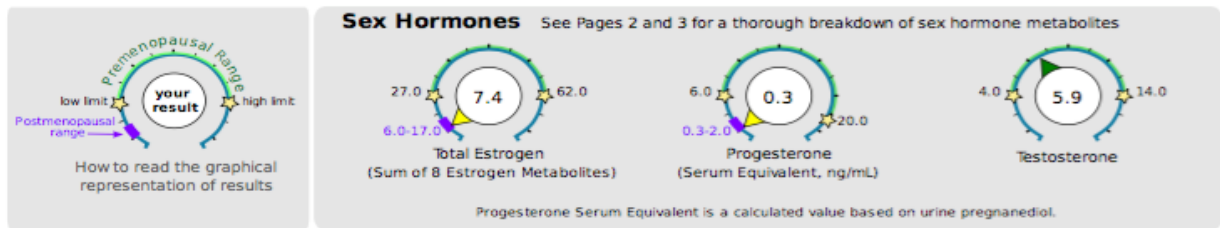


## Yeast Susceptibilities: *Rhodotorula mucilaginosa*



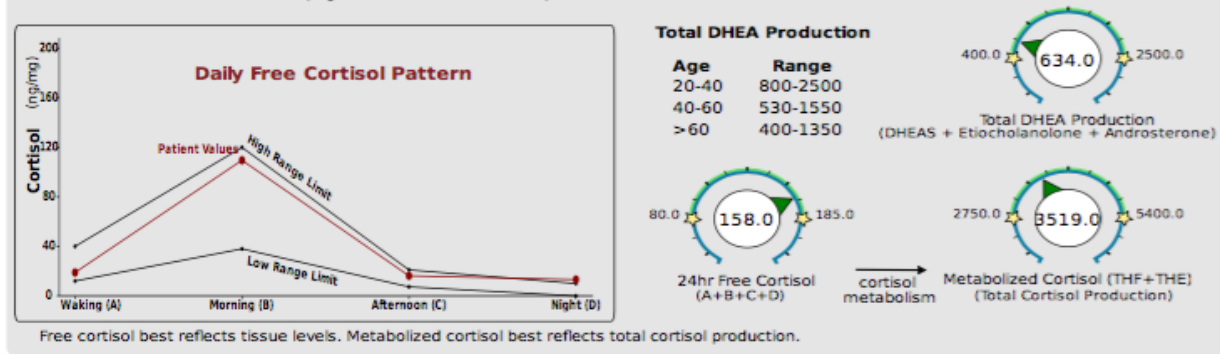
## Hormone Testing Summary

All units are given in ng/mg creatinine



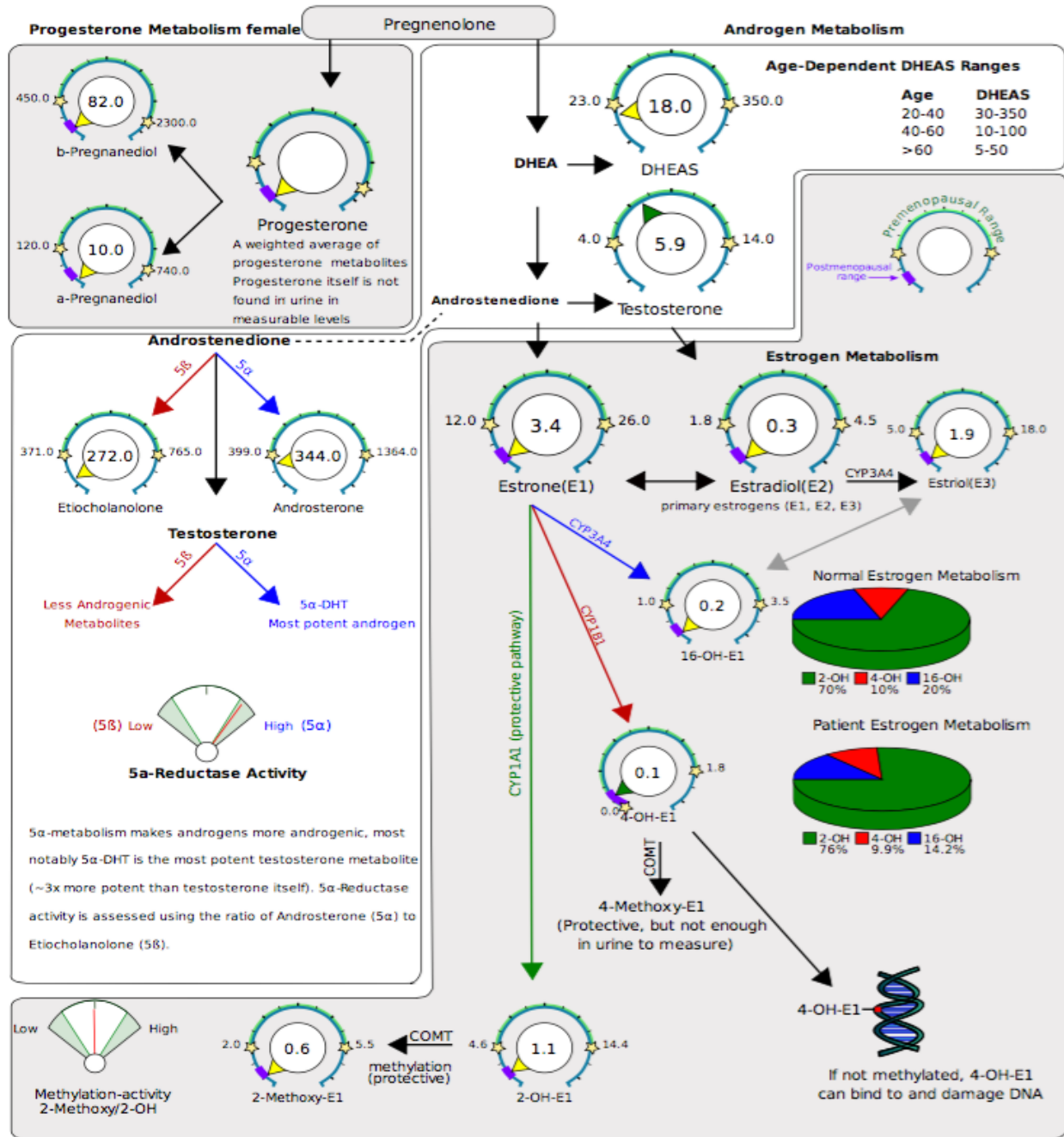
## Adrenal Hormones

See pages 4 and 5 for a more complete breakdown of adrenal hormones



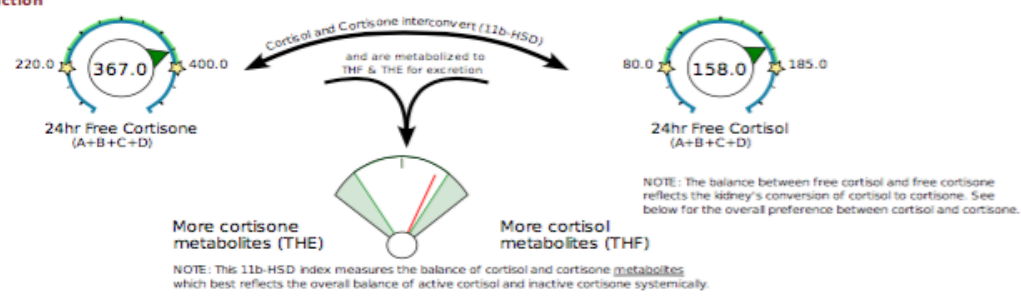
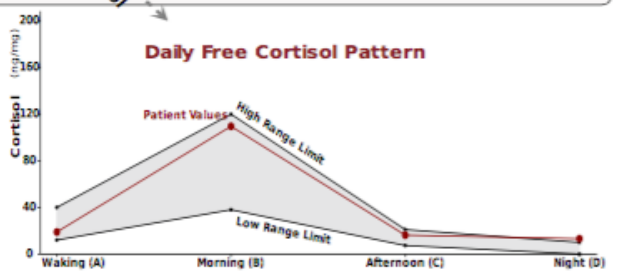
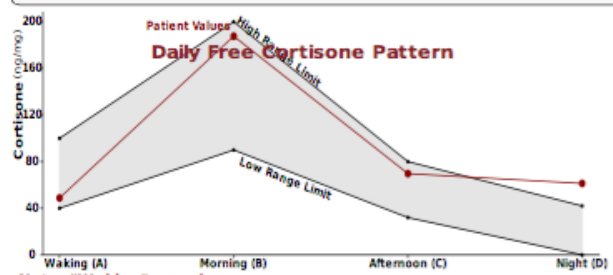
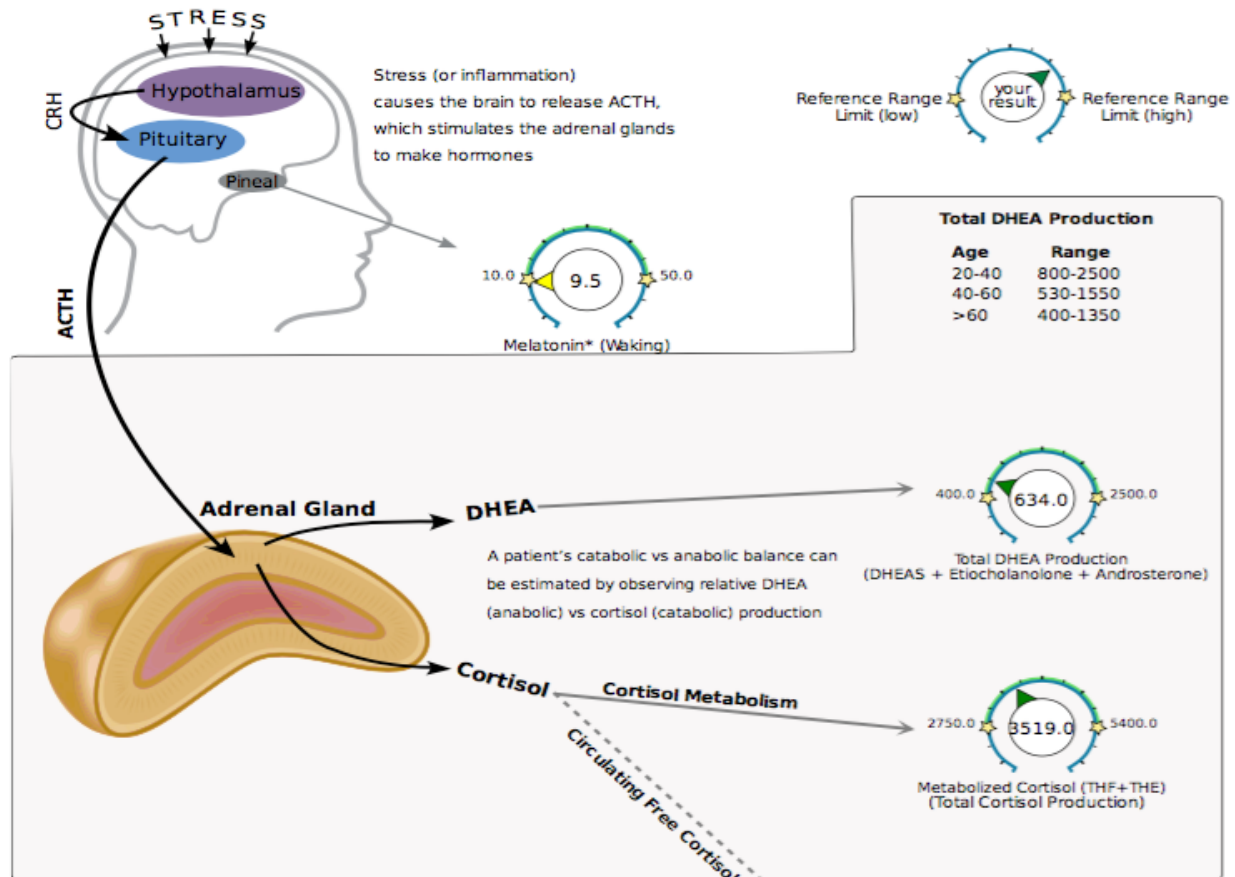
Category	Test	Result	Units	Normal Range
<b>Progesterone Metabolism</b>				
	b-Pregnanediol	Below premenopausal range	82.0	ng/mg 450 - 2300
	a-Pregnanediol	Below premenopausal range	10.0	ng/mg 120 - 740
<b>Androgen Metabolism</b>				
	DHEAS	Below range	18.0	ng/mg 23 - 350
	Androsterone	Below range	344.0	ng/mg 399 - 1364
	Etiocholanolone	Below range	272.0	ng/mg 371 - 765
	Testosterone	Low end of range	5.9	ng/mg 4 - 14
	5a-DHT	Within range	2.2	ng/mg 0 - 8.8
	5a-Androstanediol	Below range	8.8	ng/mg 12 - 30
	5b-Androstanediol	Low end of range	24.1	ng/mg 20 - 75
	Epi-Testosterone	Below range	1.7	ng/mg 4.5 - 22.3
<b>Estrogen Metabolites</b>				
	Estrone(E1)	Below premenopausal range	3.4	ng/mg 12 - 26
	Estradiol(E2)	Below premenopausal range	0.3	ng/mg 1.8 - 4.5
	Estriol(E3)	Below premenopausal range	1.9	ng/mg 5 - 18
	2-OH-E1	Below premenopausal range	1.1	ng/mg 4.6 - 14.4
	4-OH-E1	Within range	0.1	ng/mg 0 - 1.8
	16-OH-E1	Below premenopausal range	0.2	ng/mg 1 - 3.5
	2-Methoxy-E1	Below premenopausal range	0.6	ng/mg 2 - 5.5
	2-OH-E2	Low end of range	0.03	ng/mg 0 - 1.2

Normal Ranges	Luteal	Postmenopausal	Follicular	Ovulatory
Estrone (E1)	12-26	3.0-7.0	4.0-12.0	22-68
Estradiol (E2)	1.8-4.5	0.3-0.9	1.0-2.0	4.0-12.0
Estriol (E3)	5-18	1.5-4.0	N/A	N/A
2-OH-E1	4.6-14.4	0.4-2.0	N/A	N/A
4-OH-E1	0-1.8	0-0.3	N/A	N/A
16-OH-E1	1-3.5	0.2-0.6	N/A	N/A
2-Methoxy-E1	2-5.5	0.5-1.4	N/A	N/A
<b>Oral Pg (100mg)</b>				
a-Pregnanediol	120-740	15-50	580-3000	25-100 25-100
b-Pregnanediol	450-2300	60-200	2000-9000	100-300 100-300



2018-09-30 07:00AM

Category	Test		Result	Units	Normal Range
<b>Creatinine</b>					
	Creatinine A (Waking)	Within range	0.6	mg/ml	0.2 - 2
	Creatinine B (Morning)	Within range	0.84	mg/ml	0.2 - 2
	Creatinine C (Afternoon)	Within range	0.86	mg/ml	0.2 - 2
	Creatinine D (Night)	Within range	0.73	mg/ml	0.2 - 2
<b>Daily Free Cortisol and Cortisone</b>					
	Cortisol A (Waking)	Within range	18.9	ng/mg	12 - 40
	Cortisol B (Morning)	High end of range	109.6	ng/mg	38 - 120
	Cortisol C (Afternoon)	Within range	16.2	ng/mg	7.3 - 21
	Cortisol D (Night)	Above range	13.2	ng/mg	0 - 10
	Cortisone A (Waking)	Low end of range	48.8	ng/mg	40 - 100
	Cortisone B (Morning)	High end of range	187.6	ng/mg	90 - 200
	Cortisone C (Afternoon)	Within range	69.7	ng/mg	32 - 80
	Cortisone D (Night)	Above range	61.3	ng/mg	0 - 42
	24hr Free Cortisol	Within range	158.0	ug	80 - 185
	24hr Free Cortisone	High end of range	367.0	ug	220 - 400
<b>Cortisol Metabolites and DHEAS</b>					
	a-Tetrahydrocortisol (a-THF)	Within range	144.0	ng/mg	75 - 265
	b-Tetrahydrocortisol (b-THF)	Within range	1436.0	ng/mg	1050 - 2070
	b-Tetrahydrocortisone (b-THE)	Within range	1939.0	ng/mg	1550 - 3150
	Metabolized Cortisol (THF+THE)	Within range	3519.0	ng/mg	2750 - 5400
	DHEAS	Below range	18.0	ng/mg	23 - 350
<b>Melatonin (*measured as 6-OH-Melatonin-Sulfate)</b>					
	Melatonin* (Waking)	Below range	9.5	ng/mg	10 - 50



**0091 Organix® Comprehensive Profile - Urine**

Methodology: LC/Tandem Mass Spectroscopy, Colorimetric

This report is not intended for the diagnosis of neonatal inborn errors of metabolism.

Ranges are for ages 13 and over

**Results**  
 mcg/mg creatinine



**95% Reference Range**

**Nutrient Markers**

**Fatty Acid Metabolism**

(Carnitine & B2)

Item	Results	Quintile Ranking	95% Reference Range
1. Adipate	3.6	6.2	<= 11.1
2. Suberate	3.1 H	2.1	<= 4.6
3. Ethylmalonate	4.1 H	3.6	<= 6.3

**Carbohydrate Metabolism**

(B1, B3, Cr, Lipoic Acid, CoQ10)

Item	Results	Quintile Ranking	95% Reference Range
4. Pyruvate	1.4	3.9	<= 6.4
5. L-Lactate	6.6	12.6	1.6-57.1
6. β-Hydroxybutyrate	1.1	2.1	<= 9.9

**Energy Production (Citric Acid Cycle)**

(B comp., CoQ10, Amino acids, Mg)

Item	Results	Quintile Ranking	95% Reference Range
7. Citrate	712 H	601	56-987
8. Cis-Aconitate	79 H	51	18-78
9. Isocitrate	111 H	98	39-143
10. α-Ketoglutarate	45.0 H	19.0	<= 35.0
11. Succinate	5.8	11.6	<= 20.9
12. Fumarate	2.53 H	0.59	<= 1.35
13. Malate	3.5 H	1.4	<= 3.1
14. Hydroxymethylglutarate	9.9 H	3.6	<= 5.1

**0091 Organix® Comprehensive Profile - Urine**

*Methodology: LC/Tandem Mass Spectroscopy, Colorimetric*

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Ranges are for ages 13 and over

**B-Complex Vitamin Markers**

*(B1, B2, B3, B5, B6, Biotin)*

	Results	Quintile Ranking					95% Reference Range
	mcg/mg creatinine	1st	2nd	3rd	4th	5th	
15. a-Ketoisovalerate	<DL*	0.25					<= 0.49
16. a-Ketoisocaproate	0.07	0.34					<= 0.52
17. a-Keto-β-methylvalerate	<DL*	0.38					<= 1.10
18. Xanthurenate	0.12	0.34					<= 0.46
19. β-Hydroxyisovalerate	4.5	7.6					<= 11.5

**Methylation Cofactor Markers**

*(B12, Folate)*

20. Methylmalonate	2.0 H	1.7					<= 2.3
21. Formiminoglutamate	0.8	1.2					<= 2.2

**Cell Regulation Markers**

**Neurotransmitter Metabolism Markers**

*(Tyrosine, Tryptophan, B6, antioxidants)*

22. Vanilmandelate	3.4	1.6 3.9					1.2-5.3
23. Homovanillate	3.2	1.9 5.7					1.4-7.6
24. 5-Hydroxyindoleacetate	5.9 H	2.1 5.6					1.6-9.8
25. Kynurenate	0.4	1.0					<= 1.5
26. Quinolinate	6.1 H	4.0					<= 5.8
27. Picolinate	9.5 H	8.0					2.8-13.5

**Oxidative Damage and Antioxidant Markers**

*(Vitamin C and other antioxidants)*

28. p-Hydroxyphenyllactate	0.05	0.39					<= 0.66
29. 8-Hydroxy-2-deoxyguanosine	11.1 H	5.3					<= 7.6

(Units for 8-hydroxy-2-deoxyguanosine are ng/mg creatinine)

**0091 Organix® Comprehensive Profile - Urine**

Methodology: LC/Tandem Mass Spectroscopy, Colorimetric

This report is not intended for the diagnosis of neonatal inborn errors of metabolism.

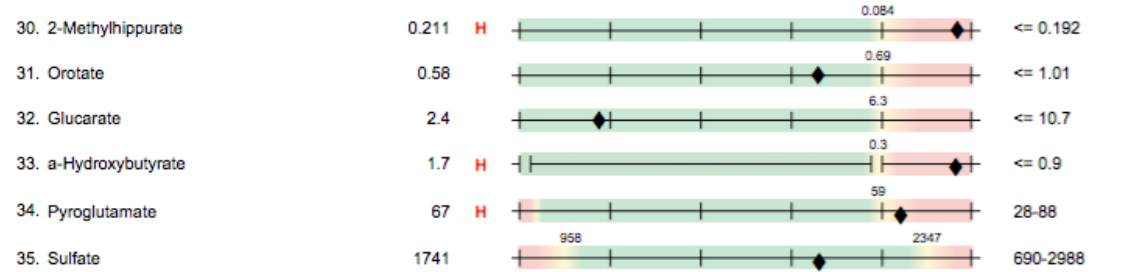
Ranges are for ages 13 and over



**Toxicants and Detoxification**

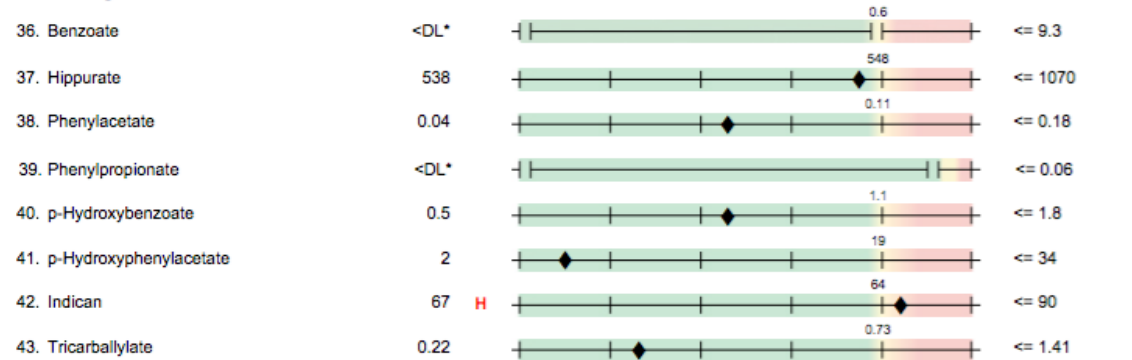
**Detoxification Indicators**

(Arg, NAC, Met, Mg, antioxidants)



**Compounds of Bacterial or Yeast/Fungal Origin**

**Bacterial - general**



**L. acidophilus / general bacterial**



**Clostridial species**



**Yeast / Fungal**



Creatinine = 142 mg/dL

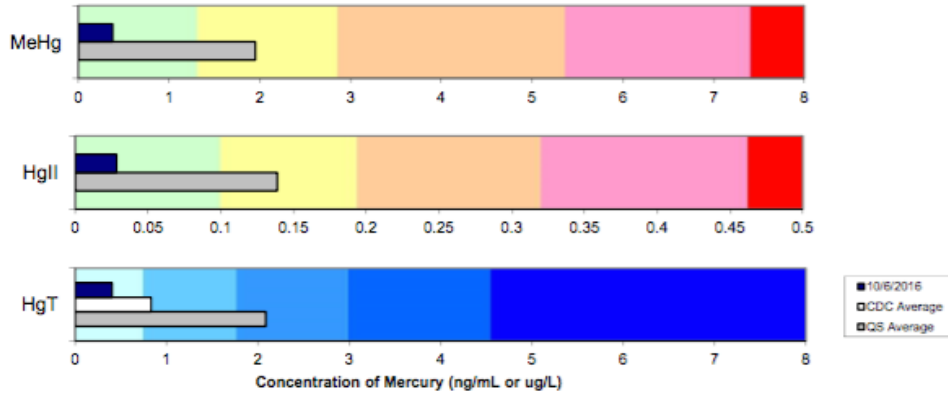
\* <DL = less than detection limit

\*\* >LIN = greater than linearity limit



**Blood Results**

**Blood Mercury Comparison**



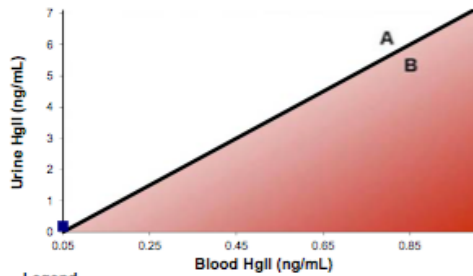
	Results (ng/mL)			Reference Ranges						
	10/6/2016	NA	% Change	Source	Range	Average	50th	75th	90th	95th
Methylmercury— MeHg	0.378	NA	NA	QS	<0.003 to 23.3	1.95	1.2	2.9	5.4	7.4
Inorganic Mercury— Hg <sup>II</sup>	0.028	NA	NA	QS	<0.007 to 1.75	0.139	0.10	0.19	0.32	0.46
Sum— HgT	0.406	NA	NA	CDC	0.038 to 9.96	0.833	0.7	1.7	3	4.6

**Blood Reference Values:** Quicksilver Scientific (QS) Data represents 1011 males and females that have utilized our testing. CDC data represents 1928 females, ages 16 to 49. QS blood Hg concentrations are higher than CDC because QS analyzes blood a population that already suspects mercury toxicity.  
**Data and Analysis Information:** Mercury speciation was performed at Quicksilver Scientific, and all values are in concentrations of ng Hg per mL of blood

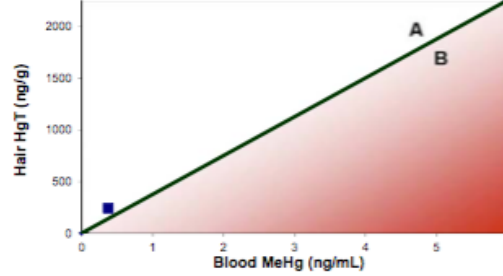
**Urine Results**

**Hair Results**

**Indication of Inorganic Mercury Excretion Ability**



**Indication of Methylmercury Excretion Ability**

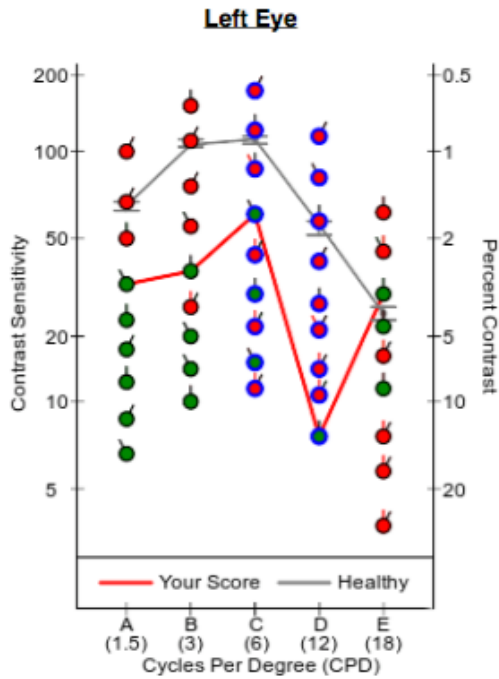


**Legend**

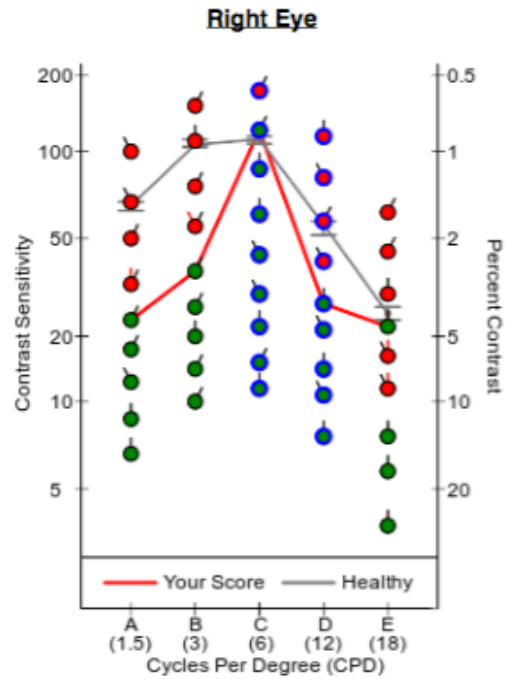
**A) Average Excretion:** Mercury output is average or above average when at a ratio of at least 375:1 HgT in hair to MeHg in blood and 6.9:1 HgT in urine to HgII in blood.  
**B) Below Average Excretion:** Mercury output is below average when the tissue:Hg comparisons are below ratios mentioned above (red area)

	Urine Results (ng/mL)			Hair (ng/g)
	10/6/2016	NA	%Change	10/4/2016
Methylmercury— MeHg	0.008	NA	NA	NA
Inorganic Mercury— Hg <sup>II</sup>	0.177	NA	NA	NA
Sum— HgT	0.185	NA	NA	240

**RESULTS: POSITIVE · TOTAL SCORE: 44/90 (49%) · BIOTOXIN SCORE: 17/36 (47%)**



**Total Score: 17/45 (38%)**  
**Biotoxin Score: 4/18 (22%)**



**Total Score: 27/45 (60%)**  
**Biotoxin Score: 13/18 (72%)**

## CASE REVIEW REPORT OF FINDINGS

### Underlying Patterns

PATTERN	SUPPORTING MARKERS	COMMENTS
Dysglycemia/dyslipidemia?	TG, glucose, TC:HDL ratio, TG:HDL ratio, AST/ALT	
Low muscle mass?	Creatinine	
Impaired methylation	Homocysteine	B12 deficiency
Equivocal SIBO	Breath test	Depends on transit time
Gut dysbiosis	DD CSAP, Organix	
Gut immune activation	DD CSAP (sIgA, SFCAs)	
Occult blood in stool?	DD CSAP	Follow with Labcorp
H. pylori infection	BioHealth	
B12 deficiency	Organix (MMA)	
Mitochondrial dysfunction	Organix	
Oxidative stress/impaired detox	Organix	Glutathione deficiency
Impaired neurotransmitter metabolism	Organix	
Low PTH	Blood work	Repeat with ionized calcium
High nighttime cortisol/low melatonin	DUTCH	
CIRS?	Strong positive VCS	Follow-up testing
Low-normal DHEA	DUTCH	

**Recommendations for further testing**

TEST	PURPOSE	COMMENTS
PTH + ionized calcium	PTH follow-up	
Occult blood	Labcorp	
Stool and breath retests		

**Recommendations for Treatment**

TREATMENT	PURPOSE	COMMENTS
Paleo AIP	Immune regulation, weight	
Antimicrobial protocol	Gut dysbiosis, H. pylori	Includes S. Boulardii & sulfurophane
B12 injections?	B12 deficiency/impaired methylation	Hydroxycobalamin best form for injections
HPA Balance + PS	Reduce cortisol	
Stress management	HPA axis	
Next: CIRS		