

# Live Case Recordings #3 - Case Documents

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

- Psoriasis
- Low energy
- Depression/Apathy
- Constipation
- Ringing ears and seeing stars

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 type="radio"/>	<input checked="" type="radio"/>
Lower abdominal pain relieved by passing stool or gas	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Alternating constipation and diarrhea	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Diarrhea	<input checked="" type="radio"/>	<input 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 type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Coated tongue or "fuzzy" debris on tongue	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Pass large amount of foul-smelling gas	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
More than 3 bowel movements daily	<input checked="" type="radio"/>	<input 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 type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Gas immediately following a meal	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Offensive breath	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" 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 checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Category III	0	1	2	3
Stomach pain, burning, or aching 1-4 hours after eating	<input checked="" type="radio"/>	<input 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 type="radio"/>	<input checked="" 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 checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Heartburn due to spicy foods, chocolate, citrus, peppers, alcohol, and caffeine	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Category IV	0	1	2	3
Roughage and fiber cause constipation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Indigestion and fullness last 2-4 hours after eating	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" 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 type="radio"/>	<input type="radio"/>	<input checked="" 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 type="radio"/>	<input checked="" 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"/>
Category V	0	1	2	3
Greasy or high-fat foods cause distress	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lower bowel gas and/or bloating several hours after eating	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" 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 type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Difficulty losing weight	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Unexplained itchy skin	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" 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 type="radio"/>	<input checked="" 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 type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>

History of gallbladder attacks or stones	<input checked="" 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 type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Excessive hair loss	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Overall sense of bloating	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" 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 type="radio"/>	<input checked="" type="radio"/>
Weight gain	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Poor bowel function	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Excessively foul-smelling sweat	<input type="radio"/>	<input type="radio"/>	<input checked="" 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 checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Irritable if meals are missed	<input type="radio"/>	<input checked="" type="radio"/>	<input 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 type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Eating relieves fatigue	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Feel shaky, jittery, or have tremors	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Agitated, easily upset, nervous	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Poor memory/forgetful	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" 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 type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Crave sweets during the day	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Eating sweets does not relieve cravings for sugar	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Must have sweets after meals	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Waist girth is equal or larger than hip girth	<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 checked="" type="radio"/>	<input type="radio"/>
Difficulty losing weight	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input 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 type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Afternoon fatigue	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Dizziness when standing up quickly	<input type="radio"/>	<input checked="" type="radio"/>	<input 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 checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Weak nails	<input type="radio"/>	<input checked="" 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 type="radio"/>	<input checked="" 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 type="radio"/>	<input type="radio"/>	<input checked="" 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 type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" 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 checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Shallow, rapid breathing	<input type="radio"/>	<input checked="" 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 type="radio"/>	<input checked="" type="radio"/>
Increase in weight even with low calorie diet	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Gain weight easily	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Difficult, infrequent bowel movements	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Depression/lack of motivation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Morning headaches that wear off as the day progresses	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Outer third of eyebrow thins	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Thinning of hair on scalp, face, or genitals, or excessive hair loss	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Dryness of skin and/or scalp	<input type="radio"/>	<input type="radio"/>	<input checked="" 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 type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Inward trembling	<input type="radio"/>	<input type="radio"/>	<input checked="" 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 type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Insomnia	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Night sweats	<input type="radio"/>	<input type="radio"/>	<input checked="" 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 type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Menstrual disorders or lack of menstruation	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Increased ability to eat sugars without symptoms	<input checked="" type="radio"/>	<input 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 type="radio"/>	<input checked="" 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 type="radio"/>	<input checked="" 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 checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Feeling of incomplete bowel emptying	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Leg twitching at night	<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 checked="" type="radio"/>
Decreased number of spontaneous morning erections	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Decreased fullness of erections	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Difficulty maintaining morning erections	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Spells of mental fatigue	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Inability to concentrate	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Episodes of depression	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Muscle soreness	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Decreased physical stamina	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Unexplained weight gain	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Increase in fat distribution around chest and hips	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sweating attacks	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
More emotional than in the past	<input checked="" 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"/>
Scanty blood flow	<input type="radio"/>	<input type="radio"/>
Heavy blood flow	<input type="radio"/>	<input type="radio"/>
Breast pain and swelling during menses	<input type="radio"/>	<input type="radio"/>
Pelvic pain during menses	<input type="radio"/>	<input type="radio"/>
Irritable and depressed during menses	<input type="radio"/>	<input type="radio"/>
Acne	<input type="radio"/>	<input type="radio"/>
Facial hair growth	<input type="radio"/>	<input type="radio"/>
Hair loss/thinning	<input type="radio"/>	<input type="radio"/>

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**Category XIX (Menopausal Females Only)**

	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>
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How many years have you been menopausal?  years

Since menopause, do you ever have uterine bleeding?  Yes  No

Hot flashes

Mental foginess

Disinterest in sex

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:

WP Thyroid 48.5 mg for hypothyroidism

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

B complex for low energy  
Magnesium citrate or glycinate for constipation  
Betaine HCl for poor digestion  
Desiccated beef liver

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 checked="" type="radio"/>	<input 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 type="radio"/>	<input checked="" type="radio"/>
Natural Sweeteners (Honey, Maple Syrup, Agave, etc)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input 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 type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Avocados	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Saturated Fats (Butter, Ghee, Lard, Coconut, Palm, Tallow)	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Fatty Fish (Salmon, Mackerel, Sardines, Herring)	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input 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 type="radio"/>	<input checked="" 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 type="radio"/>	<input checked="" 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 type="radio"/>	<input checked="" type="radio"/>
Red Meat (Beef, Lamb)	<input checked="" type="radio"/>	<input 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 checked="" type="radio"/>	<input type="radio"/>	<input 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 type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Fermented Vegetables (Sauerkraut, Kim Chi, etc)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Non-Starchy Vegetables (Greens, Squash, Carrots)	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Starchy Vegetables (Potatoes, Yams, Sweet Potatoes)	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Fresh Fruits	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input 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 checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input 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 type="checkbox"/> Regular or <input type="checkbox"/> Decaffeinated)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Caffeinated Teas (Check: <input checked="" type="checkbox"/> Black or <input type="checkbox"/> Green)	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Salt (Check: <input type="checkbox"/> Iodized or <input checked="" type="checkbox"/> Sea Salt)	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please indicate if you are on any special diet:

- Ovo-lacto-vegetarian       Vegetarian       Other  
 Diabetic ADA               Vegan

- Dairy-free  Paleo  
 Gluten-free  GAPS

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:

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

Additional Comments

At home with my parents, we often eat dinner together, and they will eat mostly what I eat, but at college with my roommate, I am often the only one home at dinnertime, so it is just me while I eat. When we have time, we will eat together. I have a big appetite, but I do not mind skipping meals. Rather, eating small meals is very hard for me.  
 I enjoy food a lot. I like to cook when I have time, and I love to sit down with others for a satisfying meal. I enjoy reading about balanced information about food and discovering the principals of the paleo diet that point toward the importance and synergism of the foods we crave. I am still somewhat confused about food, but I try not to stress about it and just do my best. However, the past few years have been a little tough for me because of the strictness I seem to have to maintain in order to see any healing.

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).

If I eat breakfast, it will be something AIP friendly. A common meal for me would be a small sweet potato with some coconut oil, 6 oz of beef or bison, and some cooked vegetables. This would occur around 8:00 AM.

For the past few months, however, I have been eating less frequently to see how I might feel. After giving it a try for a while, it became easy, and I started to feel okay without breakfast. Since around August, I have not had breakfast very often.

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

Sometimes I will have a cup or two of black tea anywhere between 10 AM and 12 PM. I have had it later than this, but it gives me trouble sleeping at later times.

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

Lunch would be the same as breakfast, with about 6 oz of meat and a portion of carbohydrates and sometimes some added fat in the form of coconut oil. Sometimes the meat is wild caught salmon, and sometimes I will have another AIP friendly starch like plantain or butternut squash. This would occur around 12 or 1 PM

There have been periods lately when I skip lunch as well. I understand most people with HPA axis dysregulation feel better with more frequent meals, but after becoming used to eating less frequently, I have begun to enjoy it. Waiting to eat seems to sometimes be the only way to get much done because I usually do not feel well with food on my stomach, and eating quality food frequently requires a lot of time in the kitchen. I am happy to wait until dinner to eat if I need to, but I am open to hearing how a different meal frequency may be beneficial for me.

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

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

Dinner is typically the same as breakfast and dinner, but I miss breakfast and/or lunch, I typically with include that amount of food with the portion I would have already been eating. I enjoy a larger dinner than other meals, and it is the only time I can afford to cook and clean much. I eat dinner usually between 6:30 and 8:30 PM.

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 experiment a lot with my eating habits, but I recognize I have a very limited amount of knowledge on what is best for me. I just try to do the best I can with what I know. My framework for thinking about dietary choices comes mainly from Chris Kresser's blog and Paul and Shou-Ching Jaminet's book, The Perfect Health Diet, so I generally follow those recommendations. I seem to feel better with a little more carbohydrates recommended by either, though, so my macronutrient ratios are typically roughly 40-50% carbohydrates, 35-45% fat, and 15-25% protein. I also try not to eat a large amount of fiber because it seems to make me more bloated and constipated. I also rarely eat fermented foods because I'm not sure if they make me feel worse digestively, but if I do it is in the form of saur kraut. Most of the time when I eat, I feel bloated after, and a meal will often cause my psoriasis to itch more and cause me to see more eye floaters. When I do not eat, a lot of my symptoms feel better especially around midday. I often feel calmer and less depressed and do not experience digestive discomfort without meals early in the day.



**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 type="radio"/>	<input checked="" 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 checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
a. Did you have an unexplained rash after the bite?	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
b. Did you experience flu-like illness after the bite?	<input type="radio"/>	<input checked="" 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 checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
5) Did you become ill after exposure to a body of fresh water?	<input checked="" type="radio"/>	<input type="radio"/>	<input 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 checked="" type="radio"/>	<input type="radio"/>
Gulf War Syndrome	<input type="radio"/>	<input checked="" type="radio"/>
Chemical Sensitivity	<input checked="" type="radio"/>	<input 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 type="radio"/>	<input checked="" 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	<input type="radio"/>	<input checked="" type="radio"/>

Ciguatera Seafood Poisoning	<input checked="" type="radio"/>	<input type="radio"/>
Any Learning Disability	<input type="radio"/>	<input checked="" type="radio"/>
Autism	<input type="radio"/>	<input checked="" type="radio"/>
Attention Deficit Disorder	<input checked="" type="radio"/>	<input 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 checked="" type="radio"/>
Multiple Sclerosis	<input type="radio"/>	<input checked="" type="radio"/>
Diabetes	<input type="radio"/>	<input checked="" 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"/>

## HEALTH HISTORY QUESTIONS

1) Please list the following

Education:

Profession:

Interests (sports, hobbies, etc.):

I love almost all physical activities. I love to work out and play sports. I grew up skateboarding and wakeboarding rode on the junior pro wakeboard tour as an 18 year old. In school, I played baseball, football, and ran track.

I am interested also in non-sport activities like hiking and camping. Some of my interests are not physical at all. I enjoy to read and write and have learned to love cooking ever since I learned diet changes may help me feel better again.

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

Fatigue  
Depression  
Psoriasis  
Moderate to severe eye floaters  
Constipation and bloating  
Ringing in ears and ear fullness  
Acne breakouts

The aggregate of these symptoms is much more bothersome than the sum of them, and properties emerge from their collection that would not be present in any one symptoms experienced as an isolated incident. They also compound one another.

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

Young child- allergies and ear infections: These definitely were issues, but the root cause was never discussed. My adenoids were removed to treat the ear infections. I do not remember much of this. Maybe there was a better route than antibiotics and surgery.

Middle schooler-eczema: It was not severe, so I had very little treatment. I used hydrocortisone cream occasionally. This was a minor problem to me.

Early high school- acne: I wanted to get rid of it, and the dermatologist prescribed antibiotics that I took from freshman to junior year. They worked pretty well, but toward the end of this stint, I became I noticed the antibiotics made my already present constipation even worse. I now view the antibiotics as a big mistake.

\*Major issues started during my senior year of high school.

18 years old, Freshman year of college- Hashimoto's Disease and adrenal fatigue: Seems likely to me. I was very tired; IgG food sensitivities: I agree I had some sensitivities. I do not no if the test is entirely accurate, though.

19 years old, Freshman year of college- Meniere's Disease: I think the diagnosis was most likely right.

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

I feel sad because I do not know what to do or where to turn. I am not sure what has caused these problems. I can speculate that maybe all the antibiotics or a generally poor diet contributed to my condition. I always felt so energetic and athletic and happy until my senior year of high school, though. It perplexes me, but I do not feel hopeless. I believe all my symptoms seem autoimmune in nature, and I believe because of this common characteristic and the short time in which they came on, their causes are probably the same issues.

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

Dietary changes seem to make a difference. A low carb diet keeps my skin free of acne, but it makes me extremely tired, miserable, and constipated. I diet with more carbohydrates improve my digestive motility, mood, and energy levels and does not necessarily make my skin break out. Avoiding allergens seems to be what most helps my ears, but this is somewhat speculative since I have not reintroduced anything.

B vitamins help me to have more energy. Magnesium glycinate helps motility somewhat. Magnesium citrate helps motility more, but I have been told it is irritating to the digestive system.

Reginokine shots in the jaw and neck may have helped my ear symptoms.

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

A low carb diet has put in into some pretty miserable states. A vegan diet seemed troublesome too, especially without fat and protein.

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

Childhood- adenoids removed and tubes in ears twice

18 years old- sinus passages widened and tube put into right eardrum

#### 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 am not sure. I have had some nice doctors who have every intention to help. I have, however, noticed the a trend that many practitioners have little time to sit down and talk. Maybe they have too many cases to pry into each one deeply and become greatly invested.

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

I desire someone who is accessible and willing to give me their time. Even if no practitioner can fix these problems, I want someone to become personally invested in trying. I can pay for a doctor, but I could never pay for a friend who is experiences my circumstances emotionally with me. I do not want a doctor to become depressed or overworked trying to solve my case, but I want a practitioner to be motivated by empathy.

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

6 months to 5 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 only 21 years old. I want to get married and have a family. I want to play sports again. I want to wake up ready for a hard day's work. I want to be engaged in my relationships with energy rather than apathy. I want to stop waking up feeling like I'm not ready for even the smallest challenge. I want to look forward to things again.

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

I sometimes worry too much about things I cannot fix, which is not healthy. Ironically, sometimes the thing I am worrying about is my health.

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

I sometimes dwell on my sadness. I am learning to recognize the role of suffering in building character, but oftentimes I pity myself.

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

I enjoy the education I am receiving and my internship at the Salvation Army. It is a lot of work sometimes, which is taxing, but I try to keep it in balance by sleeping enough and working on assignments incrementally.

9) Do you have a purpose in life?

Yes, I am a Christian. The Bible explains that God died in our place so that we could have the chance to ask for reconciliation with him without facing a penalty. I didn't deserve his grace, but he was willing to give it. Now, I want to spend my life getting to know him better and obeying him by loving sacrificially as he does. This purpose grounds my existence objectively in something meaningful and glorious. I could not ask for a better purpose. Even in suffering, I know God is there, and if my purpose is to love him and others, no sickness could ever hinder me. I still feel sad at times, and sometimes I find myself in moments of selfishness, but I am always invited to fix my eyes once again on this amazing purpose.

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

I find support in my family, my friends, my cohort, my church, and my mentor. I also find much comfort in music, walking, and nature.

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

Wow, thank you for listening to me. I feel heard and welcomed as a patient.



Yes

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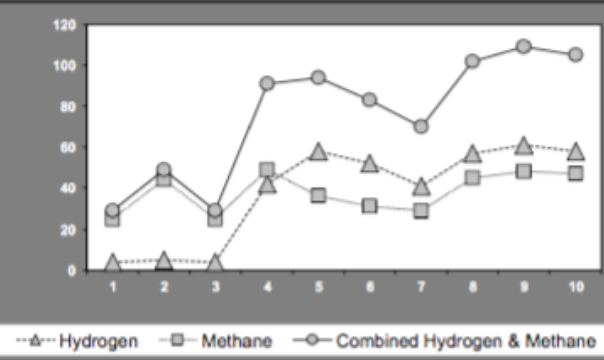
Marker	Value	Functional Range	Lab Range
Glucose	89	75 - 90	65 - 99
Hemoglobin A1c	5.5	4.4 - 5.4	4.8 - 5.6
Uric Acid	3.4	3.7 - 6.0	3.7 - 8.6
BUN	15	13 - 18	6 - 20
Creatinine	0.99	0.85 - 1.1	0.76 - 1.27
BUN/Creatinine Ratio	15	8 - 19	8 - 19
eGFR if Non-African American	108		> 59
eGFR if African American	125		> 59
Sodium	140	135 - 140	134 - 144
Potassium	4.6	4.0 - 4.5	3.5 - 5.2
Chloride	99	100 - 106	97 - 108
CO2	25	25 - 30	18 - 29
Calcium	9.6	9.2 - 10.1	8.7 - 10.2
Parathyroid Hormone, Intact	17	30 - 60	15 - 65
Phosphorus	3.8	3.0 - 4.0	2.5 - 4.5
Magnesium	2.0	2.0 - 2.6	1.6 - 2.3
Protein, total	7.1	6.9 - 7.4	6.0 - 8.5
Albumin	5.0	4.0 - 5.0	3.5 - 5.5
Globulin	2.1	2.4 - 2.8	1.5 - 4.5
A/G ratio	2.4	1.5 - 2.0	1.1 - 2.5
Bilirubin, total	0.4	0.1 - 1.2	0.0 - 1.2
Alkaline Phosphatase	119	42 - 107	39 - 117
LDH	135	140 - 180	121 - 224
AST	28	0 - 25	0 - 40
ALT	39	0 - 26	0 - 44
GGT	15	0 - 29	0 - 65
TIBC	316	275 - 425	250 - 450
UIBC	197	175 - 350	111 - 343
Iron	119	40 - 135	38 - 169
Iron saturation	38	17 - 45	15 - 55
Ferritin	134	30 - 200	30 - 400
Vitamin B-12	1258	450 - 2000	211 - 946
Folate, Serum	15.9	> 5.0	> 3.0
Calcitriol (1,25 di-OH Vitamin D)	119	19.9 - 79.3	19.9 - 79.3
Vitamin D, 25-hydroxy	89.7	35 - 60	30.0 - 100.0
Cholesterol, total	208	150 - 220	100 - 199
Triglycerides	40	50 - 100	0 - 149
HDL	101	55 - 85	> 39
LDL	99	0 - 140	0 - 99
T. Chol / HDL Ratio	2.1	< 3	0 - 5.0
Triglycerides / HDL Ratio	0.40	< 2	< 3.8

Marker	Value	Functional Range	Lab Range
CRP-hs	0.25	< 1.0	0.00 - 3.00
Homocysteine	5.6	< 7.0	0.0 - 15.0
<b>TSH</b>	<b>4.270</b>	<b>0.5 – 2.0</b>	<b>0.45 - 4.50</b>
<b>T4, total</b>	<b>3.6</b>	<b>6.0 – 12</b>	<b>4.5 - 12</b>
T3 Uptake	32	30 - 38	24 - 39
T3, Total	108	100 – 180	71 - 180
T3, Free	3.5	2.5 - 4.0	2 - 4.4
<b>T4, Free</b>	<b>0.96</b>	<b>1 - 1.5</b>	<b>0.82 - 1.77</b>
Reverse T3	13.5	9 - 21	9.2 - 24.1
Thyroid – TPO Ab	8		0 - 34
Thyroid – TGA	<1.0		0 - 0.9
Copper	83	81 - 157	72 - 166
Zinc	97	64 - 126	56 - 134
Zinc / Copper Ratio	1.17	> 0.85	
Serum Methylmalonic Acid (MMA)	118	< 300	0 - 378
<b>WBC</b>	<b>3.7</b>	<b>5.0 – 8.0</b>	<b>3.4 - 10.8</b>
RBC	4.83	4.4 – 4.9	4.14 - 5.8
Hemoglobin	14.0	14 - 15	12.6 - 17.7
Hematocrit	42.7	40 - 48	37.5 - 51.0
MCV	88	85 – 92	79 - 97
MCH	29.0	27.7 – 32.0	26.6 - 33.0
MCHC	32.8	32 – 35	31.5 - 35.7
RDW	15.0	11.5 – 15.0	12.3 - 15.4
Platelets	255	150 – 379	150 - 379
Neutrophils	43	40 – 60	
<b>Lymphocytes</b>	<b>44</b>	<b>25 – 40</b>	
<b>Monocytes</b>	<b>8</b>	<b>4.0 – 7.0</b>	
<b>Eosinophils</b>	<b>4</b>	<b>0.0 – 3.0</b>	
Basophils	1	0.0 - 3.0	
Anticardiolipin Ab, IgG, Qn	<9		0 - 14
Anticardiolipin Ab, IgM, Qn	<9		0 - 12
Anticardiolipin Ab, IgA, Qn	<9		0 - 11
<b>TGF-b1</b>	<b>4340</b>		<b>344 - 2382</b>
ADH	<0.8		0 - 4.7
Osmolality	285		275 - 295
MMP-9	168		< 984
MSH	28		0 - 40



<b>Data</b>					
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	4	25	29	OK
2	20 min	5	44	49	OK
3	40 min	4	25	29	OK
4	60 min	42	49	91	OK
5	80 min	58	36	94	OK
6	100 min	52	31	83	OK
7	120 min	41	29	70	OK
8	140 min	57	45	102	OK
9	160 min	61	48	109	OK
10	180 min	58	47	105	OK



<b>Analysis</b>			
	Result	Flag	Normal
Combined baseline total =	29		≤20ppm
Greatest H <sub>2</sub> value within first 120 minutes =	58	H	≤20ppm
Greatest H <sub>2</sub> increase over the lowest preceding value within first 120 minutes =	54	H	≤20ppm
Greatest CH <sub>4</sub> value within first 120 minutes =	49	H	≤12ppm
Greatest CH <sub>4</sub> increase over the lowest preceding value within first 120 minutes =	24	H	≤12ppm
Greatest combined H <sub>2</sub> & CH <sub>4</sub> value within first 120 minutes =	94	H	≤15ppm
Greatest combined H <sub>2</sub> & CH <sub>4</sub> increase over the lowest preceding value within first 120 minutes =	65	H	≤15ppm

<b>Interpretation</b>		
<b>SIBO Suspected - Elevated Hydrogen</b>	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>
<b>SIBO Suspected - Elevated Methane</b>	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>POSITIVE</b>
<b>SIBO Suspected - Elevated Combined Hydrogen &amp; Methane Gasses</b>	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>

## Comprehensive Stool Analysis / Parasitology x3

BACTERIOLOGY CULTURE		
Expected/Beneficial flora	Commensal (Imbalanced) flora	Dysbiotic flora
3+ Bacteroides fragilis group 4+ Bifidobacterium spp. 3+ Escherichia coli 1+ Lactobacillus spp. NG Enterococcus spp.  4+ Clostridium spp. NG = No Growth	2+ Alpha hemolytic strep 2+ Beta strep, not group A or B 2+ Pseudomonas aeruginosa	

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
No yeast isolated	

MICROSCOPIC YEAST	
<b>Result:</b>	<b>Expected:</b>
<input type="text" value="None"/>	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

DIGESTION / ABSORPTION				
	Within	Outside	Reference Range	
Elastase	> 500		> 200 $\mu\text{g/mL}$	<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>
Fat Stain	None		None - Mod	
Muscle fibers	None		None - Rare	
Vegetable fibers	Rare		None - Few	
Carbohydrates	Neg		Neg	

INFLAMMATION				
	Within	Outside	Reference Range	
Lactoferrin	0.8		< 7.3 $\mu\text{g/mL}$	<p><b>Lactoferrin</b> and <b>Calprotectin</b> are reliable markers for differentiating organic inflammation (IBD) from functional 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 (WBC)</b> 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>
Calprotectin*	< 10		<= 50 $\mu\text{g/g}$	
Lysozyme*		2020	<= 600 $\text{ng/mL}$	
White Blood Cells	None		None - Rare	
Mucus	Neg		Neg	

IMMUNOLOGY				
	Within	Outside	Reference Range	
Secretory IgA*		31.8	51 - 204 $\text{mg/dL}$	<p><b>Secretory IgA* (sIgA)</b> 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>



*Comprehensive Stool Analysis / Parasitology x3*


SHORT CHAIN FATTY ACIDS				
	Within	Outside	Reference Range	
% Acetate	50		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	23		9 - 29 %	
% Butyrate	25		9 - 37 %	
% Valerate	1.8		0.5 - 7 %	
Butyrate	3.0		0.8 - 4.8 mg/mL	
Total SCFA's	12		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		5.8	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	

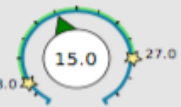
## Hormone Testing Summary

All units are given in ng/mg creatinine




How to read the graphical representation of results

### Sex Hormones



**Total Estrogen**  
(Sum of 8 Estrogen Metabolites)

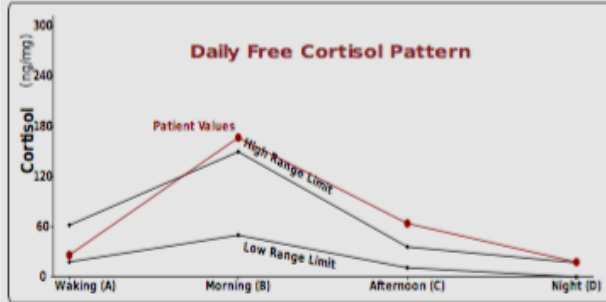


**Testosterone**

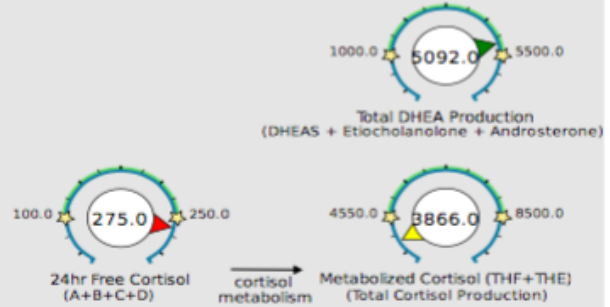
See Pages 2 & 3 for a thorough breakdown of sex hormone metabolites

	Age	Range
<b>Testosterone</b>	20-40	40-100
	40-60	30-60
	>60	10-40
<b>Total DHEA Production</b>	20-40	2500-5500
	40-60	1700-3500
	>60	1000-2500

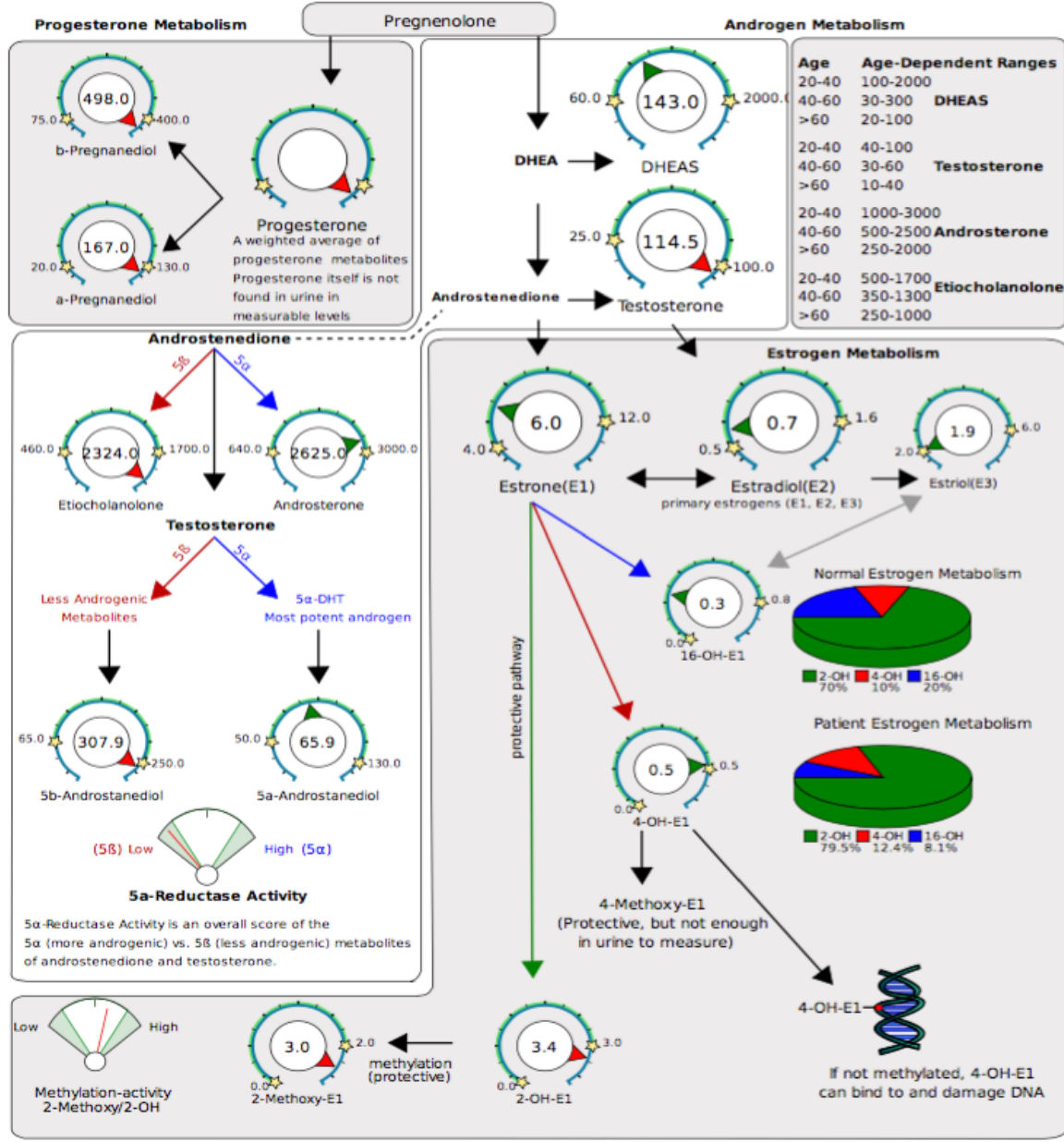
### Adrenal Hormones See pages 4 and 5 for a more complete breakdown of adrenal hormones



Free cortisol best reflects tissue levels. Metabolized cortisol best reflects total cortisol production.

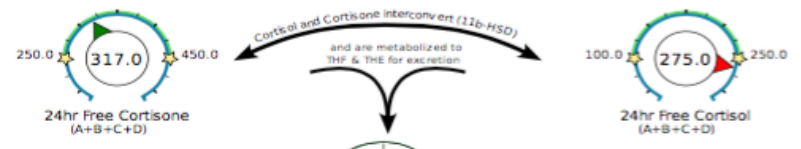
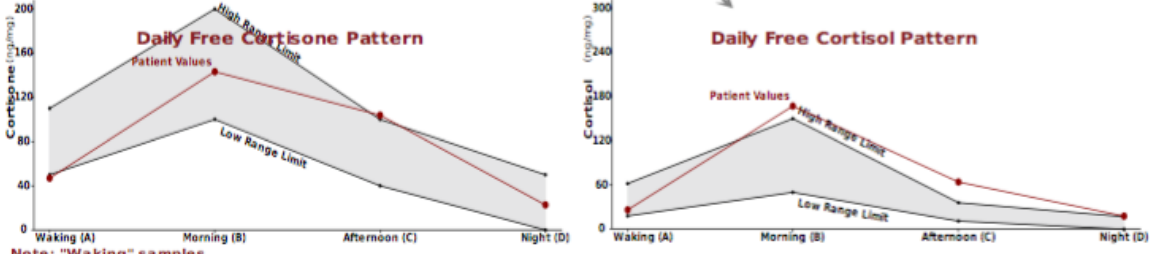
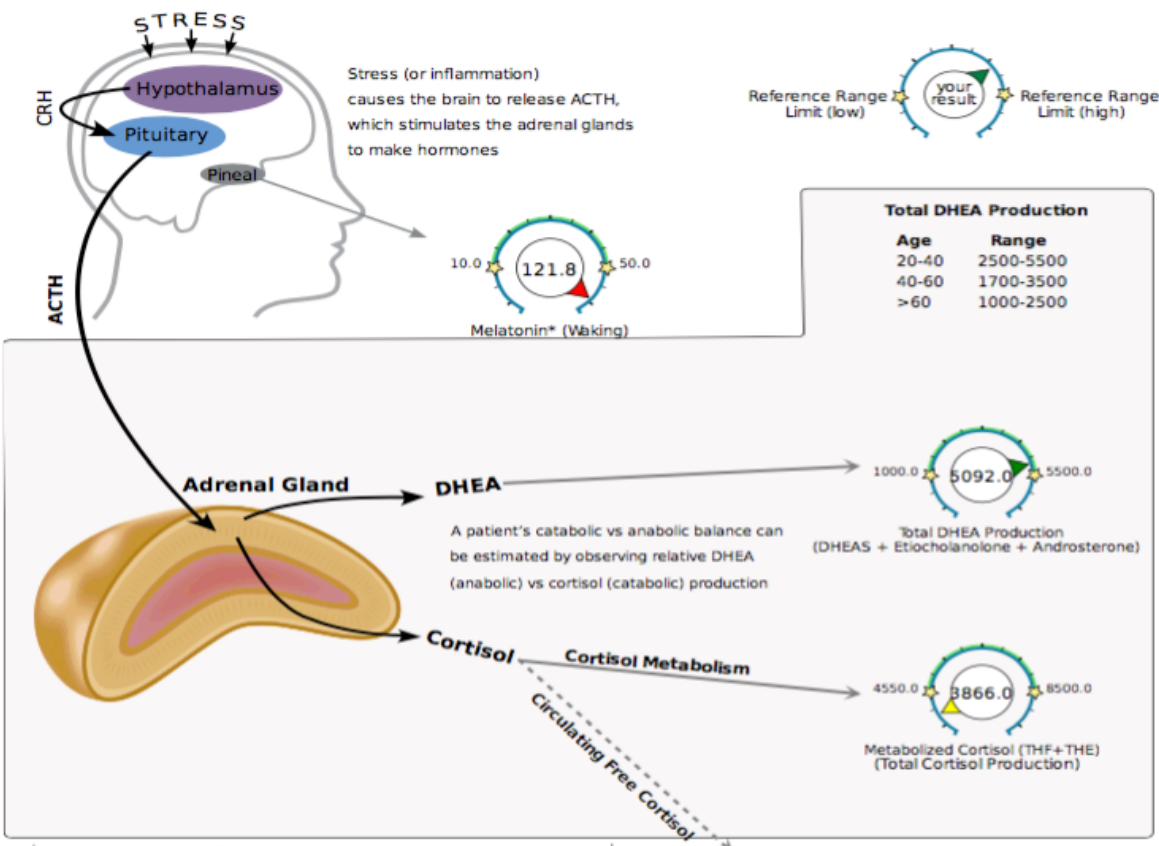


Category	Test	Result	Units	Normal Range
<b>Progesterone Metabolism</b>				
	b-Pregnanediol	Above range	498.0	ng/mg 75 - 400
	a-Pregnanediol	Above range	167.0	ng/mg 20 - 130
<b>Androgen Metabolism</b>				
	DHEAS	Low end of range	143.0	ng/mg 60 - 2000
	Androsterone	High end of range	2625.0	ng/mg 640 - 3000
	Etiocholanolone	Above range	2324.0	ng/mg 460 - 1700
	Testosterone	Above range	114.5	ng/mg 25 - 100
	5a-DHT	Above range	17.5	ng/mg 9 - 16.7
	5a-Androstenediol	Low end of range	65.9	ng/mg 50 - 130
	5b-Androstenediol	Above range	307.9	ng/mg 65 - 250
	Epi-Testosterone	Within range	47.9	ng/mg 25 - 100
<b>Estrogen Metabolites</b>				
	Estrone(E1)	Within range	6.0	ng/mg 4 - 12
	Estradiol(E2)	Low end of range	0.7	ng/mg 0.5 - 1.6
	Estriol(E3)	Below range	1.9	ng/mg 2 - 6
	2-OH-E1	Above range	3.4	ng/mg 0 - 3
	4-OH-E1	Above range	0.5	ng/mg 0 - 0.5
	16-OH-E1	Within range	0.3	ng/mg 0 - 0.8
	2-Methoxy-E1	Above range	3.0	ng/mg 0 - 2
	2-OH-E2	Within range	0.2	ng/mg 0 - 0.5



Category	Test		Result	Units	Normal Range
<b>Creatinine</b>					
	Creatinine A (Waking)	Within range	0.58	mg/ml	0.3 - 3
	Creatinine B (Morning)	Within range	0.76	mg/ml	0.3 - 3
	Creatinine C (Afternoon)	Within range	0.76	mg/ml	0.3 - 3
	Creatinine D (Night)	Within range	0.75	mg/ml	0.3 - 3
<b>Daily Free Cortisol and Cortisone</b>					
	Cortisol A (Waking)	Low end of range	26.2	ng/mg	18 - 62
	Cortisol B (Morning)	Above range	167.0	ng/mg	50 - 150
	Cortisol C (Afternoon)	Above range	64.1	ng/mg	11 - 36
	Cortisol D (Night)	Above range	17.7	ng/mg	0 - 17
	Cortisone A (Waking)	Below range	46.9	ng/mg	50 - 110
	Cortisone B (Morning)	Within range	143.2	ng/mg	100 - 200
	Cortisone C (Afternoon)	Above range	103.8	ng/mg	40 - 100
	Cortisone D (Night)	Within range	22.7	ng/mg	0 - 50
	24hr Free Cortisol	Above range	275.0	ug	100 - 250
	24hr Free Cortisone	Within range	317.0	ug	250 - 450
<b>Cortisol Metabolites and DHEAS</b>					
	b-Tetrahydrocortisol (b-THF)	Below range	1469.0	ng/mg	1750 - 3330
	a-Tetrahydrocortisol (a-THF)	Below range	157.0	ng/mg	175 - 520
	b-Tetrahydrocortisone (b-THE)	Below range	2241.0	ng/mg	2350 - 4800
	Metabolized Cortisol (THF+THE)	Below range	3866.0	ng/mg	4550 - 8500
	DHEAS	Low end of range	143.0	ng/mg	60 - 2000
<b>Melatonin (*measured as 6-OH-Melatonin-Sulfate)</b>					
	Melatonin* (Waking)	Above range	121.8	ng/mg	10 - 50





More cortisone metabolites (THE)

More cortisol metabolites (THF)

NOTE: The balance between free cortisol and free cortisone reflects the kidney's conversion of cortisol to cortisone. See below for the overall preference between cortisol and cortisone.

NOTE: This 11b-HSD index measures the balance of cortisol and cortisone metabolites which best reflects the overall balance of active cortisol and inactive cortisone systemically.

**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 **Quintile Ranking** 95% Reference Range  
 mcg/mg creatinine | 1st | 2nd | 3rd | 4th | 5th |

**Nutrient Markers**

**Fatty Acid Metabolism**

(Carnitine & B2)

1. Adipate	6.8	H	6.2	<= 11.1
2. Suberate	3.6	H	2.1	<= 4.6
3. Ethylmalonate	1.7		3.6	<= 6.3

**Carbohydrate Metabolism**

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

4. Pyruvate	<DL*		3.9	<= 6.4
5. L-Lactate	2.5		12.6	1.6-57.1
6. β-Hydroxybutyrate	<DL*		2.1	<= 9.9

**Energy Production (Citric Acid Cycle)**

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

7. Citrate	424		601	56-987
8. Cis-Aconitate	17	L	51	18-78
9. Isocitrate	31	L	98	39-143
10. α-Ketoglutarate	<DL*		19.0	<= 35.0
11. Succinate	8.1		11.6	<= 20.9
12. Fumarate	<DL*		0.59	<= 1.35
13. Malate	<DL*		1.4	<= 3.1
14. Hydroxymethylglutarate	2.6		3.6	<= 5.1

**0091 Organix® Comprehensive Profile - Urine**

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**B-Complex Vitamin Markers**  
 (B1, B2, B3, B5, B6, Biotin)

	Results	Quintile Ranking					95% Reference Range
	mg/mg creatinine	1st	2nd	3rd	4th	5th	
15. a-Ketoisovalerate	<DL*	0.25					<= 0.49
16. a-Ketoisocaproate	<DL*	0.34					<= 0.52
17. a-Keto-β-methylvalerate	<DL*	0.38					<= 1.10
18. Xanthurenate	0.28	0.34					<= 0.46
19. β-Hydroxyisovalerate	3.3	7.6					<= 11.5

**Methylation Cofactor Markers**  
 (B12, Folate)

20. Methylmalonate	0.3	1.7					<= 2.3
21. Formiminoglutamate	0.7	1.2					<= 2.2

**Cell Regulation Markers**

**Neurotransmitter Metabolism Markers**  
 (Tyrosine, Tryptophan, B6, antioxidants)

22. Vanilmandelate	1.9	1.6 3.9					1.2-5.3
23. Homovanillate	2.4	1.9 5.7					1.4-7.6
24. 5-Hydroxyindoleacetate	3.3	2.1 5.6					1.6-9.8
25. Kynurenate	1.1 H	1.0 4.0					<= 1.5
26. Quinolinat	2.8	4.0 8.0					<= 5.8
27. Picolinate	3.0	8.0					2.8-13.5

**Oxidative Damage and Antioxidant Markers**  
 (Vitamin C and other antioxidants)

28. p-Hydroxyphenyllactate	0.17	0.39					<= 0.66
29. 8-Hydroxy-2-deoxyguanosine	1.3	5.3					<= 7.6

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

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Ranges are for ages 13 and over

Results  
mg/mg creatinine



95% Reference Range

**Toxicants and Detoxification**

**Detoxification Indicators**

(Arg, NAC, Met, Mg, antioxidants)

Item	Results	Quintile Ranking	95% Reference Range
30. 2-Methylhippurate	0.009	0.084	<= 0.192
31. Orotate	0.18	0.69	<= 1.01
32. Glucarate	<DL*	6.3	<= 10.7
33. a-Hydroxybutyrate	<DL*	0.3	<= 0.9
34. Pyroglutamate	47	59	28-88
35. Sulfate	1365	958 - 2347	690-2988

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

**Bacterial - general**

36. Benzoate	<DL*	0.6	<= 9.3
37. Hippurate	994 H	548	<= 1070
38. Phenylacetate	0.05	0.11	<= 0.18
39. Phenylpropionate	<DL*		<= 0.06
40. p-Hydroxybenzoate	0.6	1.1	<= 1.8
41. p-Hydroxyphenylacetate	10	19	<= 34
42. Indican	29	64	<= 90
43. Tricarballic acid	<DL*	0.73	<= 1.41

**L. acidophilus / general bacterial**

44. D-Lactate	<DL*	1.9	<= 4.3
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**Clostridial species**

45. 3,4-Dihydroxyphenylpropionate	<DL*		<= 0.05
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**Yeast / Fungal**

46. D-Arabinitol	14	36	<= 73
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Creatinine = 78 mg/dL

\* <DL = less than detection limit

\*\* >LJN = greater than linearity limit

	Unit	Ref. Range
<b>DERIVATES</b>		
S-Adenosylmethionine (RBC)	218 μmol/dl	221 - 256
S-Adenosylhomocysteine (RBC)	50.7 μmol/dl	38.0 - 49.0
<b>FOLIC ACID DERIVATES</b>		
5-CH3-THF	7.3 nmol/l	8.4 - 72.6
10-Formyl-THF	3.6 nmol/l	1.5 - 8.2
5-Formyl-THF	1.10 nmol/l	1.20 - 11.70
THF	0.58 nmol/l	0.60 - 6.80
Folic Acid	10.9 nmol/l	8.9 - 24.6
Folinic Acid (WB)	7.2 nmol/l	9.0 - 35.5
Active folate (RBC)	333 nmol/l	400 - 1500
<b>NUCLEOSIDE</b>		
Adenosine	22.6 10 <sup>-8</sup> M	16.8 - 21.4
<b>AMINOACIDS IN PLASMA</b>		
Glutathione (oxidised)	0.52 μmol/L	0.16 - 0.50
Glutathione (reduced)	3.2 μmol/L	3.8 - 5.5

## CASE REVIEW REPORT OF FINDINGS

### Underlying Patterns

PATTERN	SUPPORTING MARKERS	COMMENTS
Hypouricemia	Uric acid	Inflammation? Low ADH? Re-test
Borderline vitamin D toxicity	25D, 1,25D	
Liver dysfunction	ALT, AST	Thyroid? CD? Re-test
Elevated alk phos	Alk phos	Run isoenzymes; GGT normal
Thyroid hypofunction	TSH	On WP Thyroid; antibodies normal
SIBO (hydrogen + methane)	Breath test	Double peak
Gut inflammation	DD CSAP	Lysozyme, sIgA, pH
Occult blood	DD CSAP	Re-test with Labcorp
High free cortisol / low total cortisol	DUTCH	Thyroid? Liver? Free cortisone low normal
High testosterone & DHT	DUTCH	Follow-up with serum
High progesterone metabolites	DUTCH	Stress response?
High melatonin	DUTCH	Supplementation? Neuroinflammation?
CIRS?	Labcorp/Quest	High TGFb1, C4a, low ADH, MSH
Impaired methylation	HDRI methylation pathways panel	Contributing to poor detox?

**Recommendations for further testing**

TEST	PURPOSE	COMMENTS
VCS, Biotoxin Survey, MARCoNS	CIRS follow-up	
CMP	Re-test ALT/AST	
Uric acid	Follow-up	
Labcorp occult blood	Follow-up on DD CSAP occult blood	
Serum testosterone & DHT	Follow-up on high testosterone	
Tick-borne illness survey	Tick-borne illness screen	
25D and 1,25D re-test	After SIBO treatment	
Alk phos isoenzymes isoenzymes	Alkaline phosphatase follow-up	

**Recommendations for Treatment**

TREATMENT	PURPOSE	COMMENTS
Antimicrobial treatment	SIBO, gut inflammation	See handout for details
Methylation protocol	Methylation	See handout for details
Stress management	HPA axis regulation	See handout
Next: methylation & CIRS		