breathID®
HpSA®
H. pylori Stool Antigen & Urea Breath Tests

H. pylori Infection Symptom Checklist

Patient Name: _____ Date of Birth: _____/_____/_____

Today's Date: _____/_____/_____

Provider Use Only

Symptoms | Signs

Please indicate any of the following symptoms you are experiencing: (Check all that apply)

- ☐ Heartburn / reflux
- ☐ Nausea
- ☐ Flatulence
- ☐ Stomach or abdominal discomfort
- ☐ Stomach or abdominal pain
- ☐ Bloating
- ☐ Vomiting
- ☐ Belching
- ☐ Indigestion
- ☐ Regurgitation

Exam Notes:

Confirmed: ☐ Yes ☐ No

Notes:

Conditions | Family History

Please indicate if you have been diagnosed with any of the following: (Check all that apply)

	Currently Diagnosed	Previously Diagnosed
☐ Ulcer(s) or Peptic Ulcer Disease	☐	☐
☐ Gastritis (inflammation of stomach)	☐	☐
☐ Iron Deficiency	☐	☐
☐ GERD (gastroesophageal reflux disease)	☐	☐
☐ IBS (irritable bowel syndrome)	☐	☐
☐ Dyspepsia	☐	☐

Do you have a family history of:

- ☐ Stomach Cancer
- ☐ *Helicobacter pylori* Infection
- ☐ Ulcer(s) or Peptic Ulcer Disease

Exam Notes:

Confirmed: ☐ Yes ☐ No

Notes:

Medications

Please indicate any of the following medications which have been prescribed for you and/or you purchase over-the-counter: (Check all that apply)

- ☐ Nexium®
- ☐ Pepcid®
- ☐ Pepto-Bismol®
- ☐ Mylanta®
- ☐ Prilosec OTC®
- ☐ Tagament®
- ☐ Kaopectate®
- ☐ Rolaids®
- ☐ Prevacid®
- ☐ Zantac®
- ☐ Maalox®
- ☐ TUMS®
- ☐ Zegerid®
- ☐ Avid®
- ☐ Milk of Magnesia®
- ☐ Alka-Seltzer®
- ☐ Other Proton Pump Inhibitor
- ☐ Other H2 Blocker
- ☐ Other Bismuth

Exam Notes:

Confirmed: ☐ Yes ☐ No

How long have you been taking these medications:

☐ 0 - 14 days ☐ 14 days - 1 month ☐ 1 month - 3 months ☐ 3 months - 1 year ☐ Greater than 1 year

Information provided by

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Clinician Use Only:

Order Urea Breath Test: ☐ Yes ☐ No

Order Stool Antigen Test: ☐ Yes ☐ No

Additional Exam Notes: