TEST RESULTS FORM

Name: _____ Age: _____ Gender: _____

Major Complaints and Drugs: _____

_____

If on any of these drugs, Adjust:

SG = SG -6
UpH = UpH+.6
SpH = SpH -.3

If on 2 or more:

SG = SG -10
UpH = +1.0
SpH = -.5

- **Statins**
- **Tylenol/ Acetaminophen**
- **Advil/ Ibuprofen**
- **Aleve/ Naproxen**
- **Beta Blocker**
- **Ca Channel Blocker**
- **ACE Inhibitor**
- **Angiotensin Blocker**
- **Antibiotics**

DATE																	
Color																	
Glucose (30 sec)																	
Bilirubin (30 sec)																	
Ketones (40 sec)																	
SG (45 sec) (UAA)		**drug Adj SG (UAA)**															
Blood (60 sec)																	
Protein (albumin) (60 sec)																	
Urobilinogen (60 sec)																	
Nitrite/Leukocytes (120 sec)																	
UpH (UAA)		**drug Adj UpH (UAA)**															
SpH (UAA)		**drug Adj SpH (UAA)**															
(BHT-10) - BR (UAA)		**(BHT - 10) + BR**															
Pa	**BR**	**Ex BHT**															
SBP1 (EW)	**SBP2**	**SBP 2-1 (SP)**															
DBP1	**DBP2**	**DBP 2-1 (SP)**															
P1	**P2**	**P3**															
Pa-P1 (SP)	**P2-P1 (SP)**	**P3-P2**															
Highest P-P1		**Dermo**															
Hi P-P1 + SBP2-1		**Hi P-P1 - SBP2-1**															
SBP2-1 + DBP2-1 (EW)		**SBP2-1 - DBP2-1 (EW)**															
Other? (GI Function, Medication, Day of Menstrual Cycle, etc) Body Temp																	
Supplements to Consider:																	
Metabolic Imbalances																	
Diet:																	