



# HEALTH RECOVERY CENTER

Reverse the Damage From Gluten Sensitivity & Celiac Disease

## INFORMATION WORKSHEET TO PREPARE FOR AN OFFICE VISIT WITH YOUR MEDICAL PROFESSIONAL

Why I am seeing my doctor. \_\_\_\_\_

Reaching a diagnosis, with or without tests and procedures, depends on your medical history, symptoms, and environmental factors that are the cause of symptoms including diet, medications, and supplements.

**MEDICAL HISTORY.** Note any diagnosed health conditions you have or have had in the past (List below.):

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_
7. \_\_\_\_\_
8. \_\_\_\_\_
9. \_\_\_\_\_

### SYMPTOMS.

Symptoms I am experiencing currently and when they began:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_
7. \_\_\_\_\_
8. \_\_\_\_\_

9. \_\_\_\_\_

Symptoms I have had previously and when they began / ended:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

5. \_\_\_\_\_

6. \_\_\_\_\_

7. \_\_\_\_\_

8. \_\_\_\_\_

9. \_\_\_\_\_

**DIET DIARY.** To determine symptoms **caused by the food you eat**, it is necessary to keep an accurate account of **everything** you put into your mouth as soon as you eat it along with the date and time. In a small notepad, note the foods you eat and any discomfort you experience such as sleepiness, dysphagia, heartburn, fullness, nausea, indigestion, fatigue, brain fog, vomiting, pain, bloating, or diarrhea. Be sure to note when you experienced the symptoms. Use the data from your diary to identify trends. Describe any food related symptoms below.

Problems I am having from the food I eat (List the foods and the symptoms they cause.):

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

5. \_\_\_\_\_

6. \_\_\_\_\_

7. \_\_\_\_\_

8. \_\_\_\_\_

9. \_\_\_\_\_

10. \_\_\_\_\_

11. \_\_\_\_\_

12. \_\_\_\_\_

**MEDICATION DIARY.** To determine symptoms **caused by the medications you take**, it is necessary to keep an accurate account. Most medications, both prescription and non-prescription, have side effects and many deplete nutrients. Some drugs also contain gluten as an inactive ingredient. In a small notepad, write down any discomfort you experience after you take a medication. Use this to support your description below

Medications I am now taking and problems they may be causing (List below.):

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_

Medications I have taken in the past year but no longer take and the reason for discontinuing (List below.):

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_

**SUPPLEMENT DIARY.** Supplements and dosage I am taking now (List below.):

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_

7. \_\_\_\_\_
8. \_\_\_\_\_
9. \_\_\_\_\_