Urea breath test - Questionnaire

Please answer the questions below and use capital letters.

Warning:

You should not take antibiotics at least four weeks prior testing and medications that reduce gastric secretion at least two weeks prior testing. We do not perform the test for children under the age of 12 years.

First name / Last name:	
Date of birth:	
Address:	
Phone number:	
e-mail:	

Have you taken an antibiotic over the last four weeks?	☐ YES	☐ NO
Have you taken medication that reduces gastric secretion in the past two weeks (e.g. Ultop, Emozul, Nillar, Nexium, Controloc, Ortanol)?	☐ YES	☐ NO
Have you or your close relatives got stomach cancer?	☐ YES	☐ NO
Have you already had a gastric or duodenal ulcer?	☐ YES	☐ NO
If YES When?		
Have you had a gastroscopy in the last year?	☐ YES	☐ NO
If YES Diagnosis?		
Do you often have pain in the upper abdomen?	☐ YES	☐ NO
Have you ever been diagnosed with Helicobacter pylori infection?	☐ YES	☐ NO
If YES When?		
If YES Have you received an antibiotic therapy for H. pylori infection?	☐ YES	☐ NO
Do you have any known allergies to antibiotics?	☐ YES	☐ NO
If YES Which ones?		
Do you take painkillers?	☐ YES	☐ NO
If YES Which ones?		
Have you been diagnosed with Rosacea (dermatological disease)?	☐ YES	☐ NO

Date : Signature: