

# NUTRIENT ABSORPTION EVALUATION

Patient Name: \_\_\_\_\_

Date: \_\_\_\_\_

CATEGORY	SYMPTOM/INDICATOR	SEVERITY (1-5)
<b>Digestive Function</b>	Bloating, gas, or discomfort after meals	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<b>Fat Malabsorption</b>	Greasy stools or difficulty digesting fats	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<b>Mineral Status</b>	White spots on nails, muscle cramps	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<b>Vitamin B Status</b>	Cracks at corners of mouth, fatigue	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<b>Gut Integrity</b>	Food sensitivities or skin irritations	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<b>HCL Levels</b>	Acid reflux or heavy feeling after protein	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

## PRACTITIONER OBSERVATIONS & RECOMMENDATIONS

This document is for educational evaluation purposes only and does not constitute medical diagnosis.