

## Patient Health Assessment Form

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### Parasite Guide

Please check your stool and urine for the following things. Put a check mark by the things that apply to you. Report anything unusual that you may see.

- |   |   |
|---|---|
| <input type="checkbox"/> Loose Stool after treatment                      | <input type="checkbox"/> Fleshy sack-like tissue                  |
| <input type="checkbox"/> White specs in stool                             | <input type="checkbox"/> Dark purplish tissue mass                |
| <input type="checkbox"/> White flakes in stool                            | <input type="checkbox"/> Mucous in stool                          |
| <input type="checkbox"/> Stringy stool                                    | <input type="checkbox"/> Locust-like shells and/or legs in stool  |
| <input type="checkbox"/> Cloudy urine                                     | <input type="checkbox"/> Worms in stool                           |
| <input type="checkbox"/> White to brown grain or rice or kernels in stool | <input type="checkbox"/> Shells of shrimp-like parasites in stool |
| <input type="checkbox"/> White dust on surface of water after urination   |   |

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