

# Patient Registration Pack

Heidelberg pH Capsule Test  
Gastric Acid Secretion Analysis

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This document contains all required forms for the Heidelberg pH Capsule Test: patient registration, clinical safety screening, medication review, informed consent, service agreement, and preparation instructions. Please complete every section thoroughly. Incomplete forms may result in your appointment being rescheduled.

**IMPORTANT: This test involves swallowing a small, tethered capsule. Certain medical conditions may make this test unsuitable for you. The safety screening below must be completed honestly to ensure your wellbeing.**

## Section A: Patient Information

Full Legal Name: \_\_\_\_\_ Preferred Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Sex at Birth (M / F): \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Mobile Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Home Address: \_\_\_\_\_

City / State / Zip: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Emergency Contact Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_ Primary Care Physician: \_\_\_\_\_

Ordering / Referring Clinician: \_\_\_\_\_ Clinician Phone: \_\_\_\_\_

Was this test discussed with your ordering clinician prior to scheduling?

Yes  No  Self-referred (no ordering clinician)

## Section B: Clinical Safety Screening

The following questions identify conditions that may affect your eligibility for the pH capsule test. Answer each question honestly. Your clinician will review your responses before the test begins.

### Absolute Contraindications

A "Yes" answer to any question in this section means the test cannot be performed.

1. Do you have an implanted cardiac pacemaker or defibrillator (ICD)?  Yes  No
2. Are you currently pregnant, or is there any possibility you may be pregnant?  Yes  No
3. Have you ever been diagnosed with a gastrointestinal stricture, bowel obstruction, or known narrowing of the esophagus, stomach, or intestines?  Yes  No

### Conditions Requiring Clinical Evaluation

A "Yes" answer to any question below requires clinical assessment before the test can proceed. You may still be eligible.

4. Do you experience difficulty swallowing solid foods or tablets (dysphagia)?  Yes  No
5. The pH capsule measures 8.1 mm x 20.6 mm (approximately the size of a large vitamin). Are you able to swallow a capsule of this size?  Yes  No
6. Do you have a history of frequent nausea or involuntary vomiting?  Yes  No
7. Have you ever been diagnosed with or suspected of having Crohn's disease?  Yes  No
8. Do you have a history of abdominal adhesions or prior abdominal/gastrointestinal surgery?  Yes  No If yes:  
\_\_\_\_\_
9. Do you have an MRI scan scheduled within the next 14 days?  Yes  No If yes:  
\_\_\_\_\_

### Diagnostic History

10. Have you previously undergone an upper endoscopy (gastroscopy), upper GI X-ray, or capsule endoscopy?  
 Yes  No If yes: \_\_\_\_\_
11. Have you previously had a Heidelberg pH Capsule Test?  Yes  No If yes:  
\_\_\_\_\_
12. What is the primary reason you are having this test performed?  
\_\_\_\_\_

## Section C: Medication and Supplement Review

Certain medications directly affect gastric acid production and will compromise test accuracy. Your clinician will advise whether any of your current medications should be temporarily discontinued before the test. Do not stop any medication without clinical guidance.

**Do not discontinue any prescribed medication without first consulting your prescribing physician. This form is for information purposes only and does not constitute medical advice to alter your treatment.**

### Acid-Suppressing Medications

13. Are you currently taking a Proton Pump Inhibitor (PPI)?  Yes  No If yes: \_\_\_\_\_

*Examples: omeprazole (Prilosec), esomeprazole (Nexium), lansoprazole (Prevacid), pantoprazole (Protonix), rabeprazole (Aciphex), dexlansoprazole (Dexilant)*

If yes: Has your prescribing clinician authorized a temporary discontinuation prior to this test?  Yes  No  N/A

14. Are you currently taking an H2 Receptor Antagonist?  Yes  No If yes: \_\_\_\_\_

*Examples: famotidine (Pepcid), cimetidine (Tagamet), nizatidine (Axid)*

If yes: Has your prescribing clinician authorized a temporary discontinuation prior to this test?  Yes  No  N/A

15. Are you currently taking any antacids?  Yes  No If yes: \_\_\_\_\_

*Examples: Tums, Roloids, Maalox, Gaviscon, sodium bicarbonate supplements*

If yes: Has your prescribing clinician authorized a temporary discontinuation prior to this test?  Yes  No  N/A

### Other Medications of Clinical Relevance

16. Are you currently taking insulin, oral diabetes medication, or injectable GLP-1 agonists (e.g., Ozempic, Mounjaro, Trulicity)?  Yes  No If yes: \_\_\_\_\_

17. Are you currently taking anticoagulants or blood thinners (e.g., warfarin/Coumadin, apixaban/Eliquis, rivaroxaban/Xarelto, heparin)?  Yes  No If yes: \_\_\_\_\_

18. Do you have any known allergies to medications, supplements, medical adhesives, or latex?  Yes  No If yes: \_\_\_\_\_

19. Please list ALL current medications, supplements, and vitamins you are taking:

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20. Do you take any morning medications that must be taken on an empty stomach?  Yes  No If yes: \_\_\_\_\_

## Section D: Informed Consent for Heidelberg pH Capsule Test

Please read each statement carefully. Your signature at the end of this section indicates that you have read, understood, and agree to each item.

### Nature of the Procedure

The Heidelberg pH Capsule Test is a non-invasive diagnostic procedure that assesses the acid-secreting function of the stomach. It involves swallowing a small electronic capsule attached to a thin polyester tether. Once swallowed, the capsule transmits real-time pH measurements to a receiver worn on the body. During the test, you will be asked to drink a series of sodium bicarbonate solutions at timed intervals. The entire procedure typically takes between 60 and 90 minutes. No sedation, anesthesia, or radiation is involved.

### How the Capsule Is Retrieved

At the conclusion of the test, the capsule is retrieved in one of two ways:

- Option A - Thread Retrieval:** The clinician gently withdraws the capsule through the mouth by pulling the tether. This is the standard method and is used for most patients. It takes a few seconds and may cause brief, mild throat discomfort.
- Option B - Natural Elimination:** The tether is detached and the capsule passes naturally through the digestive tract over 24 to 72 hours. This option is available ONLY for patients who have confirmed "No" to Questions 3, 7, 8, and 9 above. An abdominal X-ray may be recommended to confirm capsule passage if you have an upcoming MRI.

My preferred retrieval method (please check one above): \_\_\_\_\_

### Potential Risks and Complications

The Heidelberg pH Capsule Test has been performed safely on hundreds of thousands of patients since the 1960s. It carries minimal risk. However, as with any diagnostic procedure, the following complications are possible, though uncommon: transient throat discomfort during swallowing or retrieval of the capsule; mild nausea or gagging during the swallowing process; temporary bloating from the sodium bicarbonate challenge solutions; capsule retention (in extremely rare cases, the capsule may become lodged in the gastrointestinal tract, potentially requiring endoscopic or surgical retrieval); and localized irritation of the esophagus, stomach, or throat lining.

### Patient Acknowledgments

- I have answered all screening and medication questions honestly and to the best of my knowledge.
- I understand the nature of the procedure, including the swallowing of a tethered capsule and the administration of sodium bicarbonate challenge solutions.
- I have been informed of the potential risks and complications, and I accept them.
- I understand that if I have an MRI scheduled within 14 days and choose natural elimination, I may require a follow-up X-ray to confirm the capsule has passed before undergoing MRI.
- I have had the opportunity to ask questions about this procedure and have received satisfactory answers.
- I voluntarily consent to the Heidelberg pH Capsule Test and all associated procedures described above.

Patient Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Clinician / Witness:

\_\_\_\_\_

## Section E: Pre-Test Preparation Instructions

Following these instructions carefully is essential for accurate test results. Failure to prepare properly may require your appointment to be rescheduled.

**DO NOT discontinue any prescribed medication without approval from your prescribing physician. Bring all medications with you to your appointment.**

### The Day Before Your Test

1. Eat a normal dinner the evening before. Avoid excessively spicy, fatty, or acidic foods.
2. If your clinician has authorized temporary discontinuation of acid-suppressing medication (PPIs, H2 blockers, antacids), confirm the appropriate washout period and follow those instructions precisely.
3. Avoid alcohol for at least 24 hours before your test.

### The Morning of Your Test

4. Do not eat or drink anything for a minimum of 8 hours before your appointment. This includes water, coffee, tea, juice, gum, and mints.
5. If you must take essential medications in the morning (e.g., cardiac, anti-seizure, thyroid), you may take them with a small sip of water at least 3 hours before your appointment time. Do not take acid-reducing medications of any kind.
6. Wear comfortable clothing with a loose-fitting top. You will have a small receiver positioned against your abdomen during the test.
7. You do not need a companion or driver. This test does not involve sedation and you may drive yourself.

### At Your Appointment

8. Arrive at least 10 minutes before your scheduled time to allow for registration.
9. Bring this completed form, a valid photo ID, and your preferred method of payment.
10. The entire visit, including registration, preparation, testing, and post-test review, typically takes between 90 minutes and 2 hours. Please plan your schedule accordingly.

### After Your Test

11. You may resume eating and drinking immediately after the test is complete.
12. If the capsule was retrieved via the tether, no further follow-up is required regarding capsule elimination.
13. If you opted for natural elimination, the capsule will typically pass within 24 to 72 hours. If you have an MRI scheduled, contact your provider to discuss whether a follow-up X-ray is advisable.
14. Resume all medications on your normal schedule unless your clinician advises otherwise.
15. Your diagnostic report will be available within 24 to 48 hours and will be sent to your ordering clinician. A copy can be provided to you upon request.