

Functional Splanchnolog GIFX (Short) Assessment Form

Name: _____ Age: _____ Date:

E-mail _____

Please list your 5 major health concerns in order of importance:

- 1.
- 2.
- 3.
- 4.
- 5.

Diet

	0	1	2	3
Carnivore: meat and more meat				
Omnivore: meat, vegetables, and potatoes				
Herbivore: Vegan or Vegetarian				
Paleo or Primal				
Gluten Free				
Lectin Free: beans, legumes, out of season produce				
Dairy Free: avoids dairy products				
Very sensitive or reaction to many foods				

List Gastrointestinal Support you are using:

Medications

Supplements

Antacids or Acid Blockers Yes No Brand Name:

Probiotics Yes No Brand name:

Prebiotics Yes No Brand name:

In the past two weeks have you experienced? Please check the appropriate answer. Yes or No
 "0-3" on all questions below. 0 as least/never occurs to 3 as most/always occurs

Section 1: G S How did the digestive support make you feel?

	Much Worse	Worse	Same	Better	Much Better
Probiotics					
Prebiotics					
Fermented Foods					
Enzymes					
HydroChloric acid or Betaine HCl					

1 Symptom groups listed in this flyer are not intended to be used as a diagnosis of any disease condition. For nutritional purposes only. © David Peterson, D.C. rev. 3, 2014
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Section 2: I - A C I

	No	Yes
Have you been diagnosed with low iron?		
Have you taken iron supplements?		

When did you take the iron supplements?

Was the iron? Prescribed by Doctor Over the counter supplement

Section 3: I / P S How do you feel after eating: onions, bananas, leeks, artichokes, asparagus, garlic, chicory or Jerusalem artichokes (sun chokes). Inulin may be used as natural sweeteners in many different food products. Please check labels.

	0	1	2	3
Flatulence or gassy				
Bloating				
Cramps				
Abdominal pain				
Diarrhea				
Constipation				
Lactose intolerance				

Section 4: A A - Previous History of Abdominal Surgery

	No	Yes
Gallbladder removed		
Gallstones - grit or stones		
Cesarean Section		
Hysterectomy		
Abdominal surgery		
Colonoscopy found polyps		

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Section 4a: A A

	0	1	2	3
Bloating or swelling of your belly				
Bad menstrual cramps				
Painful intercourse				
Constipation				
Reduced flexibility and stiffness				
Pulling sensation				
Pulling or stabbing pain				
Nausea or vomiting				
No longer able to pass gas				
Pain in the belly that is severe and crampy				
Pinched nerve pain with movement				
Chest pain				
Pain with deep breathing				

Section 5: O I - Have you had:

	No	Yes
Root canal, crown or dental implant		
Abscess or tooth infection		
Acid pH in mouth		
Dental or facial pain relieved only by loss or extraction of tooth		
Diagnosed or treated for TMJ Dysfunction		

How often do you get your teeth cleaned?

Section 5a: O I

	0	1	2	3
Dental cavities or caries				
Swollen gums				
Sensitive teeth				
Acne - face, cheeks				
Soft, puffy gums				
Gums bleed easily when you brush or floss				
Receding gums				
Bad breath				
Popping jaw when eating				

Section 6: V C - E S / D P

	0	1	2	3
Anxiety-like responses				
Enlarged pupils				
High blood pressure				
Infrequent bowel movements				
Nervous strain				
Tension headaches				
Irritability				
Indigestion				
Rapid heartbeat with palpitation or weak pulse				
Muscle tension				

Section 7: V C - E P / D S

	0	1	2	3
Sluggish / poor digestion				
Lethargy / fatigue				
Cold hands/feet				
Low blood pressure				
Small pupils				
Sweats easily				
Sensitive to noises and touch				
ADHD/ADD				
Mental confusion / brain fog				
Difficulty concentrating				
Restless sleeping				
Urination at night				

Section 8: Women

	0	1	2	3
Facial hair				
PCOS or menstrual issues				
Difficulty losing weight				
Pain in left gluteal crease (between buttocks and leg)				
Frothy, vaginal discharge				
Itchy skin on the inner thighs				
Pain during sexual intercourse				
Strong or foul vaginal odor				
Vaginal itching				
Vulva itching or swelling				
Rectal or vaginal prolapse				
Rash in groin area				
Herpes breakout in areas other than genitals				

Section 9: Men

	0	1	2	3
Urination difficulty or dribbling				
Frequent urination				
Pain inside of legs and heels				
Pain between penis and rectum				
Pain in left gluteal crease (between buttocks and leg)				
Burning with ejaculation				
Itchy or irritated urethra (tube carrying urine)				
Pain or burning with urination				
Feels like a sitting on a golf ball or something sharp				
Discharge from penis				
Testicular pain				
Rectal prolapse				
Rash in groin area				
Herpes breakout in areas other than genitals				

Section 10: U G T - D

	1	2	3	4
Upset stomach				
Nausea				
Acid reflux				
Heartburn				
Burping				
Bloating				
Gas pains				
Trapped gas				
Flatulence				
Stomach pain				

Section 11: U G T - G I

	1	2	3	4
Greasy or high-fat foods cause distress				
Lower bowel gas and/or bloating several hours after eating				
Bitter metallic taste in mouth, especially in the morning				
Burpy, fishy taste after consuming fish oils				
Difficulty losing weight				
Unexplained itchy skin				
Yellowish cast to eyes				
Stool color alternates from clay colored to normal brown				
Reddened skin, especially palms				
Dry or flaky skin and/or hair				
Pain in right shoulder, knees or arch of foot				
Headaches radiating from base of skull to above right eye				

Section 12: U G T - P E I

	0	1	2	3
Roughage and fiber cause constipation				
Indigestion and fullness lasts 2-4 hours after eating				
Excessive passage of gas				
Nausea and/or vomiting				
Stool undigested, foul smelling, mucus-like, greasy, or poorly formed				
Increased thirst and appetite				
Stool sticks to side of toilet bowl				
Difficulty losing weight				
Burning pain from stomach to between shoulder blades				
Pain, tenderness, soreness on left side under rib cage				
Pain in left shoulder or between shoulder blades				
Headaches in the temples				
Sleeps better sitting up or with extra pillows				

Section 13: U G T - F M

	0	1	2	3
Fatigue / Exhaustion				
Floating foul smelling stools				
Bruises easily				
Abdominal cramping				
Changes in the color and texture of the skin				
Bloating and excessive gas				
Explosive diarrhea with foul smelling stool				
Spasms in feet				
Cramps in muscles				
Muscle wasting				
Itching, burning and soreness in the perianal skin				
Presence of undigested food in the stools				
Irregular heart rhythms				
Concentrated urine				
Dryness in the corner of the mouth				
Cracks or fissures on the corner of the mouth				

Section 14: M O - M I

	1	2	3	4
Painful fingers and/or toes with discoloration with exposure to cold				
Night sweats				
Intermittent fevers				
Chronic fatigue				
Skin rashes				
Increased skin sensitivity				
Joint and muscle pain				
Swelling and reduced joint mobility				
Heart palpitations				
Pain and heart arrhythmia				
Stomach cramps and regurgitation				
Poor vision, double vision				

Have you been diagnosed with Raynoud's or Cold Agglutinin Syndrome? No Yes

Section 15: M O - S R B

	0	1	2	3
Pass large amounts of foul smelling gas				
Excessive passage of gas				
Offensive breath				
Wake up tired even after six or more hours of sleep				
Cold hands, feet, always cold all over				
Requires an excessive amount of sleep to function				
Thinning hair on scalp, face, or genitals, excessive hair loss				
Mental sluggishness				
Rotten egg odor to stool				
Discoloration of skin by costume or copper jewelry				
Foul smelling stool				
Constant sore throat				
Shortness of breath				
Chronic headaches				

Section 16: M O - P S

	0	1	2	3
Constipation				
Diarrhea				
Gas and bloating				
Irritable bowel				
Joint and muscle aches and pain, inflamed joints				
Anemia				
Allergies or sensitivities				
Hives, rashes, weeping eczema				
Restlessness and anxiety				
Difficulty sleeping at night due to itching				
Teeth grinding, clenching or gnashing of teeth				
Chronic fatigue, flu-like symptoms				
Coughing, chest pain, wheezing and fever				
Sudden onset of diarrhea or gastrointestinal distress occurred in the past				
Irritation or inflammation of genital or rectal area				
Urinary tract irritation				
Ground Itch: intense, local itching, usually on the foot or lower leg, which can be followed by lesions that look like insect bites, can blister				
Migrating stretch marks				
Finger clubbing				

Section 17: M O - S B B O

	0	1	2	3
Feel full after only a few bites				
Bloating				
Nausea				
Bad breath				
Coated tongue				
Whitish, floating, foamy and/or sticky stool				
Muscle weakness				
Bone pains				
Pale skin				
Weakness and tingling				
Impaired night vision				
Chronic fatigue				
Joint pain				

Section 21: Bowel Habits Bowel Movements (BM)

BM	Normal	Constipation	
	Diarrhea	Alternating Constipation & Diarrhea	
	Other		
BM Frequency	Daily	2-3 times daily	4 or more times daily
	2-3 days	4-5 days	
	6-7 days	> 7 days	
	Depends upon food eaten		Other
BM Assistance	Must use laxatives	Must use enemas	Magnesium
	Imodium	Cleanses	Herbal laxatives
Diagnosed with:	Irritable Bowel Syndrome	Inflammatory Bowel Syndrome	
	Celiac	Crohn's Disease	
	Other		

Section 22: S B

	0	1	2	3
Stool sinks in the toilet				
Stool floats in the toilet				

Section 23: S C

	0	1	2	3
Black, tarry and sticky				
Very dark brown				
Glowing red or magenta				
Light green				
Pale or clay colored				
Bloody or mucus covered				








Section 24: S F

	0	1	2	3
Pencil-thin and ribbon like				
Large and floating, with greasy film on toilet water				
Loose and watery, sometimes diarrhea with undigested food				
Small, hard, round pellets				
Alternating bouts of diarrhea and constipation				
Really bad smelling				
Stool undigested, foul smelling, mucus-like, greasy, or poorly formed				

Section 25: Bristol Stool Chart Use the following chart

	0	1	2	3
Type 1				
Type 2				
Type 3				
Type 4				
Type 5				
Type 6				
Type 7				

Bristol Stool Chart

Type 1		Separate hard lumps, like nuts (hard to pass)
Type 2		Sausage-shaped but lumpy
Type 3		Like a sausage but with cracks on its surface
Type 4		Like a sausage or snake, smooth and soft
Type 5		Soft blobs with clear-cut edges (passed easily)
Type 6		Fluffy pieces with ragged edges, a mushy stool
Type 7		Watery, no solid pieces. Entirely Liquid

Additional Comments:

At your next follow-up appointment bring or send the completed form to:
Dr. James Weber at weberchirodc@hotmail.com
