

Metabolic Assessment Form

Name: _____ Age: _____ Sex: _____ Date: _____

PART I

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

1. _____
2. _____
3. _____
4. _____
5. _____

What is your health goal and how able are you to dedicate efforts towards your health?

PART II

Please circle the appropriate number to all questions below and then tally your score.

If you never experience the symptom, leave it blank. Rank the system in terms of frequency and severity with 1 being the lowest and 3 the highest. If you have a certain diagnosis, some of these will give you an automatic 5 points.

Category I: GI – Leaky Gut

Diagnosis of Celiac, Crohn's, Colitis or IBS (5 points)	5
Diarrhea	1 2 3
More than 3 bowel movements a day	1 2 3
Bloating	1 2 3
Constipation	1 2 3
Hard, dry, or small stool	1 2 3
Sense of fullness with little food	1 2 3
Difficulty with fatty foods	1 2 3
Belching, burping	1 2 3
Frequent use of antibiotics	1 2 3
Stomach pain	1 2 3
TOTAL	<input style="width: 50px;" type="text"/>

Category II: GI – Dysbiosis/Candidiasis

Gas	1 2 3
Bloating with carbohydrates/sugar	1 2 3
Sugar cravings	1 2 3
White tongue	1 2 3
Worse with sugar or carbohydrates	1 2 3
Brain fog	1 2 3
Foul smelling gas	1 2 3
Rectal itching	1 2 3
Toe fungus, jock itch, athletes foot	1 2 3
Bad breath	1 2 3
Worse with vegetables/fruit/fiber	1 2 3
TOTAL	<input style="width: 50px;" type="text"/>

Category III: GI – HCL

Excessive belching, burping, or bloating	1 2 3
Gas immediately following a meal	1 2 3
Foul breath	1 2 3
GERD/Reflux	1 2 3
Sense of fullness during and after meals	1 2 3
TOTAL	<input style="width: 50px;" type="text"/>

Category IV: Toxicity

Sensitive to smells	1 2 3
Can't have caffeine late in the day	1 2 3
Often have opposite reactions to medications and supplements	1 2 3
Use or around pesticides	1 2 3
Frequent dry cleaning	1 2 3
Leakage, wet carpets, or water damage	1 2 3
Feel better when I leave my home	1 2 3
Bitter metallic taste in the mouth	1 2 3
Eat fish 3 or more times a week	1 2 3
Never sweat or sweat very easily	1 2 3
TOTAL	<input style="width: 50px;" type="text"/>

Category V: Bile/Detoxification

History of gallbladder attacks or stones	1 2 3
Gallbladder removal	1 2 3
Itchy skin	1 2 3
Reddened skin	1 2 3
Yellowish cast to eyes	1 2 3
Stools that are green or clay colored	1 2 3
Mucous on the stool	1 2 3
TOTAL	<input style="width: 50px;" type="text"/>

Category VI: Inflammation/Pain/Musculoskeletal

Fibromyalgia	1	2	3
Headaches/migraines (non-hormonal)	1	2	3
Joint pain	1	2	3
Muscle aches	1	2	3
Early morning stiffness	1	2	3
Swelling	1	2	3
Frequent use of NSAIDs	1	2	3
Decreased range of motion	1	2	3

TOTAL **Category VII: Cognitive**

Diagnosis of or feelings of: depression, anxiety, cognitive decline (5 points for one)			5
Poor memory	1	2	3
Poor concentration	1	2	3
Mood swings	1	2	3

TOTAL **Category VIII: Nervous System**

Numbness	1	2	3
Tingling	1	2	3
Diminished sensation of hot or cold	1	2	3
Loss of smell	1	2	3
Diminished hearing	1	2	3

TOTAL **Category IX: Hormones (female) – Menopause**

Hot flashes	1	2	3
Brain fog	1	2	3
Insomnia	1	2	3
Osteopenia or osteoporosis	1	2	3
Diminished quality of life	1	2	3
Change in voice	1	2	3
Change in skin	1	2	3

TOTAL **Category X: Hormones (female) – Menstruation**

Diagnosis of endometriosis, PCOS, or fibroids	1	2	3
Fertility issues	1	2	3
Cramps	1	2	3
Breast tenderness	1	2	3
Cycles greater than 32 days or less than 24 days	1	2	3
Pain with period	1	2	3
Scanty or heavy blood flow	1	2	3
Irritability with period	1	2	3
Headaches with period	1	2	3
Acne	1	2	3
Facial hair growth	1	2	3
Hair loss or thinning	1	2	3

TOTAL **Category XI: Hormones (male)**

Poor libido	1	2	3
Erectile dysfunction	1	2	3
Fatigue	1	2	3
Irritability	1	2	3
Poor muscle mass	1	2	3
Weak urine flow	1	2	3

TOTAL **Category XII: Adrenal**

Fatigue	1	2	3
Dizziness or lightheaded	1	2	3
Shaky or irritable when hungry	1	2	3
Sugar cravings	1	2	3
Salt cravings	1	2	3
Worse with exercise	1	2	3
Better with naps	1	2	3
Get a second wind at night	1	2	3
Wake feeling unrefreshed	1	2	3
Stress makes things worse	1	2	3
Difficulty sleeping at night	1	2	3
Use of steroids	1	2	3
Anxious	1	2	3
Headaches with stress	1	2	3
Inward trembling	1	2	3
Can't get over things easily, easily stressed	1	2	3

Are you more anxious (Adrenal Type A - see Adrenal Type A treatment)

Are you more fatigued (Adrenal Type B - see Adrenal Type B treatment)

TOTAL **Category XIII: Thyroid**

Diagnosis of Hashimoto's or Graves (5 points)			5
Fatigue	1	2	3
Weight Gain	1	2	3
Constipation	1	2	3
Thin hair and/or breaking nails	1	2	3
Menstrual irregularities	1	2	3
Cold hands and feet	1	2	3
Feeling blue or depressed	1	2	3
Sleep excessively, 9 hours or more	1	2	3
Thinning eyebrows	1	2	3
No body hair	1	2	3
Dry skin	1	2	3
Mental sluggishness	1	2	3

TOTAL **Category XIV: Cardiovascular**

Diagnosis of high blood pressure or high cholesterol (5 points)			5
History of stroke or TIAs (5 points)			5
Chest tightness/angina	1	2	3
Arrhythmia	1	2	3
Palpitations	1	2	3
Pulse higher than 80	1	2	3

TOTAL

Category XV: Immune

Diagnosis of an autoimmune disease such as Lupas, RA, MS, Psoriasis, or another (5 points)				5
Low white count	1	2	3	
Takes more than 3-4 days to recover from a cold	1	2	3	
Migratory pain	1	2	3	
Lymph nodes that swell and remit	1	2	3	
Periodic sweating (when not working out)	1	2	3	
Fatigue that had a sudden onset	1	2	3	
Frequent or recurrent infections	1	2	3	
Frequent use of antibiotics	1	2	3	

TOTAL

Category XVI: Allergies

Seasonal issues	1	2	3	
Sensitivities to foods	1	2	3	
Hives	1	2	3	
Headaches	1	2	3	
Itching	1	2	3	
Rashes	1	2	3	
Eczema	1	2	3	
Worse in moldy buildings	1	2	3	
Shortness of breath	1	2	3	
Chest Tightness	1	2	3	

TOTAL

Category XVII: Metabolic

Diagnosis of Diabetes type II, Metabolic Syndrome, or PCOS (5 points)				5
Weight gain	1	2	3	
Frequent thirst and urination	1	2	3	
Numbness or tingling	1	2	3	
Poor wound healing	1	2	3	
Reoccurring yeast infections	1	2	3	
Fatigue after meals	1	2	3	
Crave sugar	1	2	3	
Eats sugar daily	1	2	3	
Gain weight around the middle	1	2	3	
Gain weight easily even with minimal carbohydrate/sugar intake	1	2	3	

TOTAL

PART III

How many alcoholic beverages do you consume per week? _____

How many times do you eat out per week? _____

List your three worst foods you eat during the average week: _____

List the three healthiest foods you eat during the average week: _____

Do you smoke? _____ If yes, how many times a day? _____

Rate your level of stress from 1-10 during the average week _____

Current medications? _____

Current supplements? _____