

# 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. \_\_\_\_\_

## **PART II**      **Please circle the appropriate number “0 - 3” on all questions below.** **0 as the least/never to 3 as the most/always.**

<b>Category I</b>				
Feeling that bowels do not empty completely	0	1	2	3
Lower abdominal pain relief by passing stool or gas	0	1	2	3
Alternating constipation and diarrhea	0	1	2	3
Diarrhea	0	1	2	3
Constipation	0	1	2	3
Hard, dry, or small stool	0	1	2	3
Coated tongue of “fuzzy” debris on tongue	0	1	2	3
Pass large amount of foul smelling gas	0	1	2	3
More than 3 bowel movements daily	0	1	2	3
Use laxatives frequently	0	1	2	3
<b>Category II</b>				
Excessive belching, burping, or bloating	0	1	2	3
Gas immediately following a meal	0	1	2	3
Offensive breath	0	1	2	3
Difficult bowel movements	0	1	2	3
Sense of fullness during and after meals	0	1	2	3
Difficulty digesting fruits and vegetables; undigested foods found in stools	0	1	2	3
<b>Category III</b>				
Stomach pain, burning, or aching 1- 4 hours after eating	0	1	2	3
Do you frequently use antacids?	0	1	2	3
Feeling hungry an hour or two after eating	0	1	2	3
Heartburn when lying down or bending forward	0	1	2	3
Temporary relief from antacids, food, milk, carbonated beverages	0	1	2	3
Digestive problems subside with rest and relaxation	0	1	2	3
Heartburn due to spicy foods, chocolate, citrus, peppers, alcohol, and caffeine	0	1	2	3
<b>Category IV</b>				
Roughage and fiber cause constipation	0	1	2	3
Indigestion and fullness lasts 2-4 hours after eating	0	1	2	3
Pain, tenderness, soreness on left side under rib cage	0	1	2	3
Excessive passage of gas	0	1	2	3
Nausea and/or vomiting	0	1	2	3
Stool undigested, foul smelling, mucous-like, greasy, or poorly formed	0	1	2	3
Frequent urination	0	1	2	3
Increased thirst and appetite	0	1	2	3
Difficulty losing weight	0	1	2	3

<b>Category V</b>				
Greasy or high fat foods cause distress	0	1	2	3
Lower bowel gas and or bloating several hours after eating	0	1	2	3
Bitter metallic taste in mouth, especially in the morning	0	1	2	3
Unexplained itchy skin	0	1	2	3
Yellowish cast to eyes	0	1	2	3
Stool color alternates from clay colored to normal brown	0	1	2	3
Reddened skin, especially palms	0	1	2	3
Dry or flaky skin and/or hair	0	1	2	3
History of gallbladder attacks or stones	0	1	2	3
Have you had your gallbladder removed	Yes	No		
<b>Category VI</b>				
Crave sweets during the day	0	1	2	3
Irritable if meals are missed	0	1	2	3
Depend on coffee to keep yourself going or started	0	1	2	3
Get lightheaded if meals are missed	0	1	2	3
Eating relieves fatigue	0	1	2	3
Feel shaky, jittery, tremors	0	1	2	3
Agitated, easily upset, nervous	0	1	2	3
Poor memory, forgetful	0	1	2	3
Blurred vision	0	1	2	3
<b>Category VII</b>				
Fatigue after meals	0	1	2	3
Crave sweets during the day	0	1	2	3
Eating sweets does not relieve cravings for sugar	0	1	2	3
Must have sweets after meals	0	1	2	3
Waist girth is equal or larger than hip girth	0	1	2	3
Frequent urination	0	1	2	3
Increased thirst & appetite	0	1	2	3
Difficulty losing weight	0	1	2	3
<b>Category VIII</b>				
Cannot stay asleep	0	1	2	3
Crave salt	0	1	2	3
Slow starter in the morning	0	1	2	3
Afternoon fatigue	0	1	2	3
Dizziness when standing up quickly	0	1	2	3
Afternoon headaches	0	1	2	3
Headaches with exertion or stress	0	1	2	3
Weak nails	0	1	2	3

*Symptom groups listed in this flyer are not intended to be used as a diagnosis of any disease condition.  
For nutritional purposes only.*

**Category IX**

Cannot fall asleep	0	1	2	3
Perspire easily	0	1	2	3
Under high amounts of stress	0	1	2	3
Weight gain when under stress	0	1	2	3
Wake up tired even after 6 or more hours of sleep	0	1	2	3
Excessive perspiration or perspiration with little or no activity	0	1	2	3

**Category X**

Tired, sluggish	0	1	2	3
Feel cold – hands, feet, all over	0	1	2	3
Require excessive amounts of sleep to function properly	0	1	2	3
Increase in weight gain even with low-calorie diet	0	1	2	3
Gain weight easily	0	1	2	3
Difficult, infrequent bowel movements	0	1	2	3
Depression, lack of motivation	0	1	2	3
Morning headaches that wear off as the day progresses	0	1	2	3
Outer third of eyebrow thins	0	1	2	3
Thinning of hair on scalp, face or genitals or excessive falling hair	0	1	2	3
Dryness of skin and/or scalp	0	1	2	3
Mental sluggishness	0	1	2	3

**Category XI**

Heart palpitations	0	1	2	3
Inward trembling	0	1	2	3
Increased pulse even at rest	0	1	2	3
Nervous and emotional	0	1	2	3
Insomnia	0	1	2	3
Night sweats	0	1	2	3
Difficulty gaining weight	0	1	2	3

**Category XII**

Diminished sex drive	0	1	2	3
Menstrual disorders or lack of menstruation	0	1	2	3
Increased ability to eat sugars without symptoms	0	1	2	3

**Category XIII**

Increased sex drive	0	1	2	3
Tolerance to sugars reduced	0	1	2	3
“Splitting” type headaches	0	1	2	3

**Category XIV (Males Only)**

Urination difficulty or dribbling	0	1	2	3
Urination frequent	0	1	2	3
Pain inside of legs or heels	0	1	2	3
Feeling of incomplete bowel evacuation	0	1	2	3
Leg nervousness at night	0	1	2	3

**Category XV (Males Only)**

Decrease in libido	0	1	2	3
Decrease in spontaneous morning erections	0	1	2	3
Decrease in fullness of erections	0	1	2	3
Difficulty in maintain morning erections	0	1	2	3
Spells of mental fatigue	0	1	2	3
Inability to concentrate	0	1	2	3
Episodes of depression	0	1	2	3
Muscle soreness	0	1	2	3
Decrease in physical stamina	0	1	2	3
Unexplained weight gain	0	1	2	3
Increase in fat distribution around chest and hips	0	1	2	3
Sweating attacks	0	1	2	3
More emotional than in the past	0	1	2	3

**Category XVI (Menstruating Females Only)**

Are you perimenopausal	Yes	No		
Alternating menstrual cycle lengths	Yes	No		
Extended menstrual cycle, greater than 32 days	Yes	No		
Shortened menses, less than every 24 days	Yes	No		
Pain and cramping during periods	0	1	2	3
Scanty blood flow	0	1	2	3
Heavy blood flow	0	1	2	3
Breast pain and swelling during menses	0	1	2	3
Pelvic pain during menses	0	1	2	3
Irritable and depressed during menses	0	1	2	3
Acne break outs	0	1	2	3
Facial hair growth	0	1	2	3
Hair loss/thinning	0	1	2	3

**Category XVII (Menopausal Females Only)**

How many years have you been menopausal?	_____			
Since menopause, do you ever have uterine bleeding?	Yes	No		
Hot flashes	0	1	2	3
Mental fogginess	0	1	2	3
Disinterest in sex	0	1	2	3
Mood swings	0	1	2	3
Depression	0	1	2	3
Painful intercourse	0	1	2	3
Shrinking breasts	0	1	2	3
Facial hair growth	0	1	2	3
Acne	0	1	2	3
Increased vaginal pain, dryness or itching	0	1	2	3

**PART III**

How many alcohol beverages do you consume per week? \_\_\_\_\_ How many caffeinated beverages do you consume per day? \_\_\_\_\_

How many times do you eat out per week? \_\_\_\_\_ How many times a week do you eat raw nuts or seeds? \_\_\_\_\_

How many times a week do you eat fish? \_\_\_\_\_ How many times a week do you workout? \_\_\_\_\_

List the 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 stress levels on a scale of 1-10 during the average week: \_\_\_\_\_

**Please list any medications you currently take and for what conditions:**

**Please list any natural supplements you currently take and for what conditions:**

# Metabolic Assessment Form - Nutritional Key

## CATEGORY I: Colon Support:

4 R Program:

*Remove:* MycoZyme™ (Z13), 1-2 capsules, 3 times per day  
H-PLR™ (K32), 2 capsules, 3 times per day with meals

*Re-Inoculate:* Probiotic:

*Replace:* HCL-ProZyme™ (Z26), 1-4 tablets, 3 times per day  
Bilemin™ (K11), 1-2 capsules, 3 times per day  
SuperDigestZyme™ (Z22), 1-2 tablets, 3 times per day

*Repair:* ClearVite-SF® (K24/36), please go to [www.clearvite.info](http://www.clearvite.info)  
LGS-Zyme™ (Z12), 1-2 capsules, 3 times per day

## CATEGORY II: Stomach Support (also check for Hypochlorhydria)

*Nutritional Support During Hypochlorhydria:*

HCL-ProZyme™ (Z26), 1-4 tablets, 3 times per day  
H-PLR™ (K32), 2 capsules, 3 times per day for 30 days  
ProteoZyme™ (Z19), 1-4 capsules, or as needed with meals

*Immune Support (during H-Pylori):*

H-PLR™ (K32), 2 capsules, 3 times per day for 30 days  
HCL-ProZyme™ (Z26), 1-4 tablets, 3 times per day  
Gastro-ULC™ (K29) 2-3 tablets, with meals or as needed

*Stomach Lining Support:*

H-PLR™ (K32), 2 capsules, 3 times per day for 30 days  
Gastro-ULC™ (K29) 2-3 tablets, with meals or as needed  
AdrenaCalm™ (K16), apply as directed, 2-3 times per day  
Adaptocrin® (K02) 2-3 capsules, 3 times per day

*Hyperacidity (during H. Pylori exposure):*

H-PLR™ (K32), 2 capsules, 3 times per day for 30 days  
HCL-ProZyme™ (Z26), 1-4 tablets, 3 times per day

## CATEGORY III: Stomach Support (also check for Hyperacidity)

*Hyperacidity (during secondary to Hypochlorhydria):*

HCL-ProZyme™ (Z26), 1-4 tablets, 3 times per day  
Gastro-ULC™ (K29), 2-3 tablets, with meals or as needed  
AdrenaCalm™ (K16), apply as directed, 2-3 times per day  
Adaptocrin® (K02), 2-3 capsules, 3 times per day

*Hyperacidity (during Ulcer or Pre-Ulcer):*

Gastro-ULC™ (K29), 2-3 tablets, with meals or as needed  
H-PLR™ (K32), 2 capsules, 3 times per day for 30 days

*Hyperacidity (during Stress):*

AdrenaCalm™ (K16), as directed on label 2-3 times per day  
Gastro-ULC™ (K29), 2-3 tablets, with meals or as needed

## CATEGORY IV: Small Intestine Support

Small Intestine Terrain (T10), 20 to 60 drops under the tongue, 1-3 times a day before meals, or as directed.

## CATEGORY V: Biliary Support

*Nutritional Support During Gallstone/Biliary Stasis:*

Methyl-SP™ (K14), 1-2 capsules, with meals  
Lypomin-LV™ (K33), 1-3 capsules, 3 times a day  
Metacrin-DX™ (K10), 2-3 capsules, 2 to 3 times a day  
Bilemin™ (K11), 1-2 capsules, 3 times per day  
Super EFA Complex™ (K08), 1-2 tablespoons, 2-3 times per day  
C-Zyme 1000™ (Z04), 1 tablet, 3 times a day with meals  
MG/K Zyme™ (Z11), 1 tablet, 3 times a day with meals

## CATEGORY VI: Blood Sugar Balance

(also check for Hypoglycemia)

Proglyco-SP™ (K13), 1-2 capsules, 3 times per day  
Super EFA Complex™ (K08), 1-2 tablespoons, 2-3 times per day  
AdrenaStim™ (K15), apply as directed, morning and noon  
Adaptocrin® (K02), 2-3 capsules, 3 times per day

## CATEGORY VII: Support Blood Sugar Balance

(also check for Insulin Resistance)

Glysen® (K01), 2-4 capsules, 3 times per day  
OmegaCo3™ (K07), 1-2 tablespoons, 2-3 times per day  
AdrenaCalm™ (K16), apply as directed, 2-3 times per day  
Adaptocrin® (K02), 2-3 capsules, 3 times per day  
Protoglysen™ (K28) 2 capsules, 3 times per day  
Fibromin™ (K25), 2-3 capsules, 3 times per day  
For support during diabetes, add OxiCell® (K22)

## CATEGORY VIII: Adrenal Support

(also check for Adrenal Hypofunction)

*Nutritional Support During Adrenal Hypofunction:*

AdrenaStim™ (K15), apply as directed, morning and noon  
Adaptocrin® (K02), 2-3 capsules, 3 times per day

*May also need to support blood sugar balance (see category VI):*

Proglyco-SP™ (K13), 1-2 capsules, 3 times per day  
AdrenaStim™ (K15), apply as directed, morning and noon  
Super EFA Complex™ (K08), 1-2 tablespoons, 2-3 times per day  
Adaptocrin® (K02), 2-3 capsules, 3 times per day

## CATEGORY IX: Adrenal Support

(also check for Adrenal Hyperfunction)

AdrenaCalm™ (K16), as directed on label, 2-3 times per day  
Adaptocrin® (K02), 2-3 capsules, 3 times per day

*May also need to support blood sugar balance (see category VII):*

Glysen® (K01), 2-4 capsules, 3 times a day with meals  
AdrenaCalm™ (K16), apply as directed, 2-3 times per day  
OmegaCo3™ (K07), 1-2 tablespoons, 2-3 times per day

Categories and symptom groups listed in this form are not intended to be used for diagnosis or treatment of any disease condition.  
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**CATEGORY X: Thyroid Support (also check for Hypofunction)***Nutritional Support During Low Thyroid:*

ThyroXal™ (K12), 1-2 capsules, 3 times per day  
 Thyro-CNV™ (K09), 1-2 capsules, 3 times per day

*Nutritional Support During Low Thyroid Immune Health:*

Ultra-D Complex™ (K35), 1 tsp. once a day with meals  
 OxiCell® (K22), 1/4 to 1/2 tsp., applied to vascular area as directed

*\*Check for pituitary hypofunction as well:**Primary Pituitary Hypofunction / Secondary Low Thyroid*

Thyraxis-PT™ (K30), 1 to 2 capsules, 3 times a day  
 AdrenaCalm™ (K16), apply as directed, 2-3 times per day  
 Adaptocrine® (K02), 2-3 capsules, 3 times per day

*Nutritional Support During Thyroid Underconversion:*

Thyro-CNV™ (K09), 1-2 capsules, 3 times per day  
 AdrenaCalm™ (K16), apply as directed, 2-3 times per day  
 Adaptocrine® (K02), 2-3 capsules, 3 times per day

*Nutritional Support During Thyroid Overconversion:*

Glysen® (K01), 2-4 capsules, 3 times a day with meals  
 OmegaCo3™ (K07), 1-2 tablespoons, 2-3 times per day  
 Fibromin™ (K25), 1-2 capsules, 2-3 times per day  
 Protoglysen™ (K28), 1-2 capsules, 3 times a day  
 AdrenaCalm™ (K16), apply as directed, 2-3 times per day  
 Adaptocrine® (K02), 2-3 capsules, 3 times per day

**CATEGORY XI: Thyroid Support (also check for Hyperfunction)**

Testanex™ (K17), apply 1/4 - 1/2 teaspoon, 3 times per day into body fat  
 Super OxiCell® (K23), 1/4 to 1/2 tsp., applied to vascular area as directed

ClearVite-SF® (K24/36), 1 to 2 scoops, 1-3 times a day  
 X-Viromin™ (K31), 1 to 2 capsules, 3 times per day  
 H-PLR™ (K32), 2-3 capsules, 3 times per day for 30 days  
 Ultra-D Complex™ (K35), 1 tsp. once a day with meals

**CATEGORY XII: Pituitary Support**

*\*Refer to Thyroid Support Category X*

**CATEGORY XIII: Pituitary Support (also check for Hyperfunction)****Category XIV (Male Only): Prostate Support (also check for Hypertrophy)**

Prosta-DHT™ (K06), 1-2 capsules, 3 times per day  
 Super EFA Complex™ (K08), 1-2 tablespoons, 2-3 times per day  
 Estrovite® (K05), 1-2 capsules, 3 times per day  
 Fibromin™ (K25), 2-3 capsules, 3 times per day

**CATEGORY XV (Male Only): Andropause Support***Nutritional Support for Testosterone Balance:*

Opticrine™ (K03), 1-2 capsules, 3 times per day

*Nutritional Support During Elevated Estrogen:*

Testanex™ (K17), apply 1/4 - 1/2 teaspoon, 3 times per day into body fat

**CATEGORY XVI (Female Only): Menstruating Women Only***To Support Healthy Progesterone Function:*

Progestaid™ (K04), 1-2 capsules, 3 times per day  
 Sublingual Progesterone (K20), as directed or needed  
 Super EFA Complex™ (K08), 1-2 tablespoons, 2-3 times per day

*For Nutritional Support During Healthy Estrogen Function:*

Estrovite® (K05), 1-2 capsules, 3 times per day  
 Super EFA Complex™ (K08), 1-2 tablespoons, 2-3 times per day

*For Nutritional Support During Adrenal Hypofunction (see category VIII):*

Proglyco-SP™ (K13), 1-2 capsules, 3 times per day  
 AdrenaStim™ (K15), apply as directed, morning and noon  
 Adaptocrine® (K02), 2-3 capsules, 3 times per day  
 Super EFA Complex™ (K08), 1-2 tablespoons, 2-3 times per day

**CATEGORY XVII (Female Only): Menopausal Females***To Support Healthy Progesterone Function:*

Progestaid™ (K04), 1-2 capsules, 3 times per day  
 Sublingual Progesterone (K20), as directed or needed  
 Super EFA Complex™ (K08), 1-2 tablespoons, 2-3 times per day

*The use of the phrase "Check for" in this form should be considered within the scope of practice of the healthcare practitioner only. Always refer to a physician or specialist when considering conditions beyond the scope of your practice.*