# 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.*

### Category I

- 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

### Category II

- 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

### Category III

- 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

### Category IV

- 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

### Category V

- 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

### Category VI

- 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

### Category VII

- 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

### Category VIII

- 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 palpations 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

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-PLRTM* (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
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-PLRTM* (K32), 2 capsules, 3 times per day for 30 days
- ProtoZyme™ (Z19), 1-4 capsules, or as needed with meals

#### Immune Support (during H-Pylori):
- H-PLRTM* (K32), 2 capsules, 3 times per day for 30 days
- HCL-ProZyme™ (Z26), 1-4 tablets, 3 times per day
- Gastro-ULCTM* (K29) 2-3 tablets, with meals or as needed

#### Stomach Lining Support:
- H-PLRTM* (K32), 2 capsules, 3 times per day for 30 days
- Gastro-ULCTM* (K29) 2-3 tablets, with meals or as needed
- AdrenaCalm™ (K16), apply as directed, 2-3 times per day
- Adaptocrine® (K02) 2-3 capsules, 3 times per day

#### Hyperacidity (during H. Pylori exposure):
- H-PLRTM* (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-ULCTM* (K29) 2-3 tablets, with meals or as needed
- AdrenaCalm™ (K16), apply as directed, 2-3 times per day
- Adaptocrine® (K02) 2-3 capsules, 3 times per day

#### Hyperacidity (during Ulcer or Pre-Ulcer):
- Gastro-ULCTM* (K29) 2-3 tablets, with meals or as needed
- H-PLRTM* (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-ULCTM* (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-SPTM* (K14), 1-2 capsules, with meals
- Lypomin-LVTM* (K33), 1-3 capsules, 3 times a day
- Metacrin-DXTM* (K10), 2-3 capsules, 2 to 3 times a day
- Bilemin™ (K11), 1-2 capsules, 3 times per day
- Super EFA ComplexTM (K08), 1-2 tablespoons, 2-3 times per day
- C-Zyme 1000TM (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 ComplexTM (K08), 1-2 tablespoons, 2-3 times per day
- AdrenaStim™ (K15), apply as directed, morning and noon
- Adaptocrine® (K02), 2-3 capsules, 3 times per day

### CATEGORY VII: Support Blood Sugar Balance
(also check for Insulin Resistance)
- Glysena® (K01), 2-4 capsules, 3 times per day
- OmegaCo3TM (K07), 1-2 tablespoons, 2-3 times per day
- AdrenaCalm™ (K16), apply as directed, 2-3 times per day
- Adaptocrine® (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
- Adaptocrine® (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 ComplexTM (K08), 1-2 tablespoons, 2-3 times per day
- Adaptocrine® (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
- Adaptocrine® (K02), 2-3 capsules, 3 times per day

#### May also need to support blood sugar balance (see category VII):
- Glysena® (K01), 2-4 capsules, 3 times a day with meals
- AdrenaCalm™ (K16), apply as directed, 2-3 times per day
- OmegaCo3TM (K07), 1-2 tablespoons, 2-3 times per day

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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
- OxihCell® (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-PTT™ (K30), 1 to 2 capsules, 3 times a day
- AdrenaCalm™ (K16), apply as directed, 2-3 times per day
- Adapocrine® (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
- Adapocrine® (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
- Adapocrine® (K02), 2-3 capsules, 3 times per day

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

Testanex™ (K17), apply ¼ - ½ 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*

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**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 ¼ - ½ 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):
- Progloyo-SP™ (K13), 1-2 capsules, 3 times per day
- AdrenaStim™ (K15), apply as directed, morning and noon
- Adapocrine® (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

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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.