

Metabolic/Neurotransmitter Assessment Form

NAME: _____ AGE: _____ SEX: _____ DATE: _____

Please list 4 major health concerns:

Please list 4 major health goals:

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

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

METABOLIC SECTION

Please circle the appropriate number "0-3" on all questions below. 0 as least/never to 3 as the most/always

CATEGORY 1			
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
More than 3 bowel movements daily.....	0	1	2 3
Use laxatives frequently.....	0	1	2 3
Fowl smelling gas.....	0	1	2 3
total: _____			
CATEGORY 2			
Increasing frequency of food reactions.....	0	1	2 3
Unpredictable food reactions.....	0	1	2 3
Aches, pains, and swelling throughout the body.....	0	1	2 3
Unpredictable abdominal swelling.....	0	1	2 3
Sense of fullness during and after meals.....	0	1	2 3
Frequent bloating and disention after eating.....	0	1	2 3
Abdominal intolerance to sugars and starches.....	0	1	2 3
total: _____			
CATEGORY 3			
Intolerance to smells.....	0	1	2 3
Intolerance to jewelry.....	0	1	2 3
Intolerance to shampoo, lotion, detergents, etc.....	0	1	2 3
Multiple smell and chemical sensitivities.....	0	1	2 3
Constant skin outbreaks.....	0	1	2 3
total: _____			
CATEGORY 4			
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 food found in stools.....	0	1	2 3
total: _____			
CATEGORY 5			
Stomach pain, burning, or aching 1-4 hours after eating.....	0	1	2 3
Use antacids.....	0	1	2 3
Feel 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, or 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
total: _____			
CATEGORY 6			
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

CATEGORY 6 (continued)			
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
total: _____			
CATEGORY 7			
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
Excessive perspiration with little to no activity.....	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	
total: _____			
CATEGORY 8			
Acne and unhealthy skin.....	0	1	2 3
Excessive hair loss.....	0	1	2 3
Overall sense of bloating.....	0	1	2 3
Bodily swelling for no reason.....	0	1	2 3
Hormone imbalances.....	0	1	2 3
Weight gain.....	0	1	2 3
Poor bowel function.....	0	1	2 3
Excessive foul-smelling sweat.....	0	1	2 3
total: _____			
CATEGORY 9			
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 get 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, or have tremors.....	0	1	2 3
Agitated, easily upset, or nervous.....	0	1	2 3
Poor memory or forgetful.....	0	1	2 3
Blurred vision.....	0	1	2 3
total: _____			
CATEGORY 10			
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 and appetite.....	0	1	2 3
Difficulty losing weight.....	0	1	2 3
total: _____			

CATEGORY 11			
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
total: _____			

CATEGORY 12			
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 activity.....	0	1	2 3
total: _____			

CATEGORY 13			
Edema and swelling in ankles and wrists.....	0	1	2 3
Muscle cramping.....	0	1	2 3
Poor muscle endurance.....	0	1	2 3
Frequent Urination.....	0	1	2 3
Frequent thirst.....	0	1	2 3
Crave Salt.....	0	1	2 3
Abnormal sweating from minimal activity.....	0	1	2 3
Alteration in bowel regularity.....	0	1	2 3
Inability to hold breath for long periods.....	0	1	2 3
Shallow, rapid breathing.....	0	1	2 3
total: _____			

CATEGORY 14			
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 a 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 progress.....	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
total: _____			

CATEGORY 15			
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
total: _____			

CATEGORY 16			
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
total: _____			

CATEGORY 17			
Increased sex drive.....	0	1	2 3
Tolerance to sugars reduced.....	0	1	2 3
"Splitting" type headaches.....	0	1	2 3
total: _____			

CATEGORY 18 (Males only)			
Urination difficulty or dribbling.....	0	1	2 3
Frequent urination.....	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
total: _____			

CATEGORY 19 (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 maintaining 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
total: _____			

CATEGORY 20 (Menstruating Females only)			
Are you premenopausal.....	0	1	2 3
Alternating menstrual cycle lengths.....	0	1	2 3
Extended menstrual cycle, greater than 32 days.....	0	1	2 3
Shortened menses, less than every 24 days.....	0	1	2 3
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 breakouts.....	0	1	2 3
Facial hair growth.....	0	1	2 3
Hair loss/thinning.....	0	1	2 3
total: _____			

CATEGORY 21 (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
GRAND TOTAL: _____			

NEUROTRANSMITTER SECTION

SECTION A			
Is your memory noticeably declining?	0	1	2 3
Are you having a hard time remembering names and phone numbers?	0	1	2 3
Is your ability to focus noticeably declining?	0	1	2 3
Has it become harder for you to learn things?	0	1	2 3
How often do you have a hard time remembering your appointments?	0	1	2 3
Is your temperament getting worse in general?	0	1	2 3
Are you losing your attention span endurance?	0	1	2 3
How often do you find yourself down and sad?	0	1	2 3

How often do you fatigue when driving compared to the past?	0	1	2	3
How often do you fatigue when reading compared to the past?	0	1	2	3
How often do you walk into rooms and forget why?	0	1	2	3
How often do you pick up your cell phone and forget why?	0	1	2	3
total: _____				

SECTION 1-S _____

Are you losing your pleasure in hobbies and interests?	0	1	2	3
How often do you feel overwhelmed with ideas to manage?	0	1	2	3
How often do you have feelings of inner rage/anger?	0	1	2	3
How often do you have feelings of paranoia?	0	1	2	3
How often do you feel sad or down for no reason?	0	1	2	3
How often do you feel like you are not enjoying life?	0	1	2	3
How often do you feel you lack artistic appreciation?	0	1	2	3
How often do you feel depressed in overcast weather?	0	1	2	3
How much are you losing your enthusiasm for your favorite activities?	0	1	2	3
How much are you losing enjoyment for your favorite foods?	0	1	2	3
How much are you losing your enjoyment of friendships and relationships?	0	1	2	3
How often do you have difficulty falling into deep restful sleep?	0	1	2	3
How often do you have feelings of dependency on others?	0	1	2	3
How often do you feel more susceptible to pain?	0	1	2	3
How often do you have feelings of unprovoked anger?	0	1	2	3
How much are you losing interest in life?	0	1	2	3
total: _____				

SECTION 2-D _____

How often do you have feelings of hopelessness?	0	1	2	3
How often do you have self destructive thoughts?	0	1	2	3
How often do you have an inability to handle stress?	0	1	2	3
How often do you have anger and aggression while under stress?	0	1	2	3
How often do you feel you are not rested even after long hours of sleep?	0	1	2	3
How often do you prefer to isolate yourself from others?	0	1	2	3
How often do you have unexplained lack of concern for family and friends?	0	1	2	3
How easily are you distracted from your tasks?	0	1	2	3

How often do you have an inability to finish tasks?	0	1	2	3
How often do you feel the need to consume caffeine to stay alert?	0	1	2	3
How often do you feel your libido has been decreased?	0	1	2	3
How often do you feel you lose your temper for minor reasons?	0	1	2	3
How often do you have feelings of worthlessness?	0	1	2	3
total: _____				

SECTION 3-G _____

How often do you feel anxious or panic for no reason?	0	1	2	3
How often do you have feelings of dread or impending doom?	0	1	2	3
How often do you feel knots in your stomach?	0	1	2	3
How often do you have feelings of being overwhelmed for no reason?	0	1	2	3
How often do you have feelings of guilt about everyday decisions?	0	1	2	3
How often does your mind feel restless?	0	1	2	3
How difficult is it to turn your mind off when you want to relax?	0	1	2	3
How often do you have disorganized attention?	0	1	2	3
How often do you worry about things you were not worried about before?	0	1	2	3
How often do you have feelings of inner tension and inner excitability?	0	1	2	3
total: _____				

SECTION 4-ACH _____

Do you feel your visual memory is decreased?...				
(ie: Where's my keys, cell phone, wallet, sunglasses etc.?)	0	1	2	3
Do you feel your verbal memory is decreased?	0	1	2	3
Do you have memory lapses?	0	1	2	3
Has your creativity been decreased?	0	1	2	3
Has your comprehension been diminished?	0	1	2	3
Do you have difficulty calculating numbers?	0	1	2	3
Do you have difficulty recognizing objects & faces?	0	1	2	3
Do you feel like your opinion about yourself has changed?	0	1	2	3
Are you experiencing excessive urination?	0	1	2	3
Are you experiencing slower mental response?	0	1	2	3
total: _____				

How many alcoholic beverages do you consume per week? _____ How many times do you eat out per week? _____ How many times a week do you eat fish? _____ How many caffeinated beverages do you consume per day? _____ How many times a week do you eat raw seeds or nuts? _____ How many times a week do you workout? _____ Do you smoke? _____ If yes, how many times a day: _____ Rate your stress level on a scale of 1-10 during the average week: _____

List the 3 worst foods you eat during the average week: _____, _____, _____

List the 3 healthiest foods you eat during the average week: _____, _____, _____

Please list any medications you are currently taking and for what conditions: _____

Please list any supplements you are currently taking and for what conditions: _____

Medication History

Please **CIRCLE** all **CURRENT** medications & **UNDERLINE** any **PREVIOUS** medications

- ACETYLCHOLINE RECEPTOR ANTAGONIST- Antimuscarinic Agents**
Atropine, Ipratropium, Scopolamine Tiotropium
- ACETYLCHOLINE RECEPTOR ANTAGONIST- Ganlionic Blockers**
Mecamylamine, Hexamethonium, Nicotine (high doses), Trimethaphan
- ACETYLCHOLINESTERASE REACTIVATORS**
Pralidoxime
- ACETYLCHOLINE RECEPTOR ANTAGONIST- Neuromuscular Blockers**
Atracurium, Cisatracurium, Doxacurium, Metocurine, Mivacurium, Pancuronium, Rocuronium, Uccinylcholine, Tubocurarine, Vecuronium, Hemicholine
- AGONIST MODULATOR OF GABA RECEPTOR (BENZODIAZPINES)**
Xanax, Lexotanil, Lexotan, Librium, Klonopin, Valium, ProSon, Rohypnol, Dalmane, Ativan, Loramet, Sedoxil, Dormicum, Megadon, Serax, Restoril, Halcion
- AGONIST MODULATOR OF GABA RECEPTORS (NONBENZODIAZPINES)**
Ambien, Sonata, Lunesta, Imovane
- CHOLINESTERASE INHIBITORS (IRREVERSIBLE)**
Echotiophate, Isoflurophate, Organophosphate Insecticides, Organophosphate-containing nerve agents
- CHOLINESTERASE INHIBITORS (REVERSIBLE)**

Donpezil, Galatamine, Rivastigmine, Tacrine, THC, Erophonium, Neotigmine, Phystigmine, Phystigimine, Phystigimine, Pyridostigmine,

Carbamate Insecticides

DOPAMINE REUPTAKE INHIBITORS

Wellbutrin (bupropion)

DOPAMINE RECEPTOR AGONISTS

Miraplex, Sifrol, Requip

D2 DOPAMINE RECEPTOR BLOCKERS (ANTIPSYCHOTICS)

Thorazine, Prolixin, Trilafon, Compazine, Mellaril, Stelazine, Vesprin, Nozinan, Depixol, Navane, Luanxol, Clopixol, Acuphase, Haldol, Orap, Cloaril, Zyprexa, Zydis, Seroquel, Geodon, Solian, Invega, Abilify

GABA ANTAGONIST COMPETITIVE BINDER

Flumazenil

MONOAMINE OXIDASE INHABITOR (MAOI)

Marplan, Aurorix, Maneric, Moclodura, Nardil, Adlegiine, Elepryl, Azilect, Marsilid, Iprozid, Ipronid, Rivivol, Popilniazida, Zyvox, Zyvoxid

NORADRENERGIC AND SPECIFIC SERTONERGIC ANTIDEPRESSANTS (NaSSaa)

Remeron, zispin, Avanza, Norset, Remergil, Axit

SELECTIVE SEROTONIN REUPTAKE INHIBITOR

Paxil, Zoloft, Prozac, Celexa, Lexapro, Luvox, Cipramil, Emocal, Serpam, Seropram, Cipralex, Esteria, Fontex, Seromex, Seronil, Sarafem, Fluctin, Faverin, Seroxat, Aropax, Deroxat, Rexetin, Xentor, Paroxat, Lustral, Serlain, Dapoxetine

SELECTIVE SEROTONIN REUPTAKE ENHANCERS

Stablon, Coaxil, Tatinol

SERTONIN-NOREPHINEPHRINE REPUTAKE INHIBITORS (SNRIs)

Effexor, Pristiq, Meridia, Serzone, Dalcipran, Despramine, Duloxetine

TRICYLIC ANTIDEPRESSANTS (TCAs)

Elavil, Endep, Tryptanol, Trepiline, Asendin, Asendis, Defanyl, Demolox, Moxadil, Anafranil, Norpramin, Pertofrane, Prothiadin, Thanden, Adapin, Sinequan, Trofranil, Janamine, Gamanil, Aventyl, amelor, Opipramol, Vivactil, Rhotrimine, Surmontil