

ATIYEH CHIROPRACTIC

Metabolic Assessment Form

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

Part 1

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

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

Part 2 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
- 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, carbonated
beverages 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 am 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 attack or stones 0 1 2 3
- Have you had you 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, or have tremors 0 1 2 3
- Agitated, easily upsed, nervous 0 1 2 3
- Poor memory/forgetfull 0 1 2 3
- Blurred vison 0 1 2 3

Category VII

- Fatigue afer mealss 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 afer 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

Category VIII

Cannot stay asleep	0	1	2	3
Crave salt	0	1	2	3
Slower 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

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 of 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 drinking	0	1	2	3
Frequent urination	0	1	2	3
Pain inside of legs or heels	0	1	2	3
Feelin 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 maintaining mornign 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 distributin 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	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 that 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

Category XVII (Menopausal Females Only)

How many years have you been menopausal?	0	1	2	3
Since menopause, do you have uterine bleeing?	0	1	2	3
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 3

How many alcoholic 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 natural supplements you currently take and for what conditions: _____

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

Please circle any of the following medication's you have been on or are currently taking that are not mentioned above

Acetylcholine Receptor Antagonist - Antimuscarinic Agents Atropine, Ipratropium, Scopolamine, Tiotropium

Acetylcholine Receptor Antagonist - Genlionic Blockers Mecamylamine, Hexameethonium, 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 (benzodiazepines) Xanax, Lexotanil, Lexotan, Librium, Klonopin, Valium, ProSom,

Rohypnol, Dalmane, Ativan, Loramet, Sedoxil, Dormicum, Megadon, Serax, Restoril, Halcion

Agonist Modulator of GABA Receptors (nonbenzodiazepines) Ambien, Sonata, Lunest, Imovane

Cholinesterase Inhibitors (irreversible) Echotiophate, Isoflurophate, Organophosphate Insecticides, Organophosphate-

containing nerve agents

Cholinesterase Inhibitors (reversible) Donepezil, Galatamine, Rivastigmine, Tacine, THC, Erophonium, Neostigmine,

Phystigimine, Pyridostigmine, Carbamate Insecticides

Dopamine Reuptake Inhibitors Wellbutrin (Bupropion)

Dopamine Receptor Agonists Mirapex, Sifrol, Requip

D2 Dopamine Receptor Blockers (antipsychotics) Thorazine, Prolixin, Trilafon, Compazine, Mellaril, Stelazine, Vesprin, Nozinan,

Depixol, Navane, Luanxol, Clopixol, Acuphase, Haldol, Orap, Clozaril, Zyprexa, Zydis, Seroquel, Geodon, Solian, Invega, Abilify

GABA Antagonist Competitive Binder Flumazenil

Monoamine Oxidase Inhibitor (MAOI) Marplan, Auroix, Maneric, Moclodura, Nardil, Adlegiine, Elepryl, Azilect, Marsilid, Iprozid, Ipronid,

Rivivol, Popilniazida, Zyvox, Zyvoxid

Noradrenergic and Specific Sertonegic Antidepressants (NaSSaa) Remeron, Zispin, Avanza, Norset, Remergil, Axit

Selective Serotonin Reuptake Inhibitor Paxil, Zoloft, Prozac, Celexa, Lexapro, Luvox, Cipramil, Emocal, Serpam, Seropram, Cipralax

Esteria, Fontex, Seromex, Seronil, Sarafem, Fluctin, Faverin, Seroxat, Aropax, Deroxat, Rexetin, Xentor, Paroxat, Lustral, Serlain

Selective Serotonin Reuptake Enhancers Stablon, Coaxil, Tatinal

Serotonin - Norepinephrine Reuptake Inhibitors (SNRIs) Effexor, Pristiq, Meridia, Serzone, Dalcipran, Despramine, Duloxetine

Tricyclic Antidepressants (TCAs) Elavil, Endep, Tryptanol, Trepiline, Asendin, Asendis, Defanyl, Demolox, Moxadil, Anafranil,

Norpramin, Pertofrane, Prothiadin, Thanden, Adapin, Sinequan, Trofranil, Janamine, Gamanil, Aventyl, Pamelor, Opipramol, Vivactil,

Rhotrimine, Surmontil