D-Signed Nutrition
nutrition and health consulting

D-Signed Nutrition
3531 Bonita Bay Blvd, Suite 300
Bonita Springs, FL 34134

METABOLIC ASSESSMENT FORM

PART I

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

1. ____
2. ____
3. ____
4. ____
5. ____

PART II

Please click the appropriate number to answer each question 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 relieved 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 or "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 freqwuently: ☐0 ☐1 ☐2 ☐3

Category II

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

Frequent bloating and distention after eating: ☐0 ☐1 ☐2 ☐3

Abdominal intolerance to sugars and starches: ☐0 ☐1 ☐2 ☐3

Category III

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

Category IV

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

Category V

Stomach pain, burning, or aching 1 - 4 hours after eating: ☐0 ☐1 ☐2 ☐3

Use of 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 by using 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

Category VI

Roughage and fiber cause constipation: ☐0 ☐1 ☐2 ☐3

D-Signed Nutrition
3531 Bonita Bay Blvd, Suite 300
Bonita Springs, FL 34134

Indigestion and fullness last 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

Category VII

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

Burpy, fishy taste after consuming fish oils: ☐0 ☐1 ☐2 ☐3

Difficulty losing weight: ☐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 VIII

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

Excessively foul-smelling sweat: ☐0 ☐1 ☐2 ☐3

Category IX

Crave sweets during the day: ☐0 ☐1 ☐2 ☐3

Irritable if meals are missed: ☐0 ☐1 ☐2 ☐3

Depend on coffee to keep going/get started: ☐0 ☐1 ☐2 ☐3

Get light-headed 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, nervous: ☐0 ☐1 ☐2 ☐3

Poor memory/forgetful: ☐0 ☐1 ☐2 ☐3

Blurred vision: ☐0 ☐1 ☐2 ☐3

Category X

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 to 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 XI

Cannot stay asleep ☐0 ☐1 ☐2 ☐3

Crave salt: ☐0 ☐1 ☐2 ☐3

D-Signed Nutrition
3531 Bonita Bay Blvd, Suite 300
Bonita Springs, FL 34134

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

Category XII

Cannot fall asleep:	☐0 ☐1 ☐2 ☐3
Perspire easily:	☐0 ☐1 ☐2 ☐3
Under a high amount 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 XIII

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

Category XIV

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 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 hair loss: ☐0 ☐1 ☐2 ☐3

Dryness of skin and/or scalp: ☐0 ☐1 ☐2 ☐3

Mental sluggishness: ☐0 ☐1 ☐2 ☐3

Category XV

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 XVI (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 emptying: ☐0 ☐1 ☐2 ☐3

Leg twitching at night: ☐0 ☐1 ☐2 ☐3

Category XVII (Males Only)

Decreased libido: ☐0 ☐1 ☐2 ☐3

Decreased number of spontaneous morning erections: ☐0 ☐1 ☐2 ☐3

Decreased fullness of erections: ☐0 ☐1 ☐2 ☐3

Difficulty 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

Decreased 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 XVIII (Menstruating Females Only)

Perimenopausal: ☐Yes ☐No

Alternating menstrual cycle lengths: ☐Yes ☐No

Extended menstrual cycle (greater than 32 days): ☐Yes ☐No

Shortened menstrual cycle (less than 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: ☐0 ☐1 ☐2 ☐3

Facial hair growth: ☐0 ☐1 ☐2 ☐3

Hair loss/thinning: ☐0 ☐1 ☐2 ☐3

D-Signed Nutrition
3531 Bonita Bay Blvd, Suite 300
Bonita Springs, FL 34134

Category XIX (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 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 do you eat raw nuts or seeds per week? ______________________________

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

____

____

____

____

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

____

____

____

____

Rate your stress level on a scale of 1 - 10 during the average week: ☐1 ☐2 ☐3 ☐4 ☐5 ☐6 ☐7 ☐8 ☐9 ☐10

How many times do you eat fish per week? ______________________________

How many times do you work out per week? ______________________________

PART IV

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

____

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

____

Current Height and Weight ______________________________

Family Health History:

____

Please list past diagnosis and surgeries and dates:

____

Any other pertinent information that would be helpful for this counseling session?

____

Primary Contact Details

Caregiver First Name ______________________________

Caregiver Last Name ______________________________

Email * ______________________________

D-Signed Nutrition
3531 Bonita Bay Blvd, Suite 300
Bonita Springs, FL 34134

Home Phone ____________________

Mobile Phone ____________________

Work Phone ____________________

Extn ____________________

Primary Phone

- [ ] Mobile Phone
- [ ] Home Phone
- [ ] Work Phone

Address Line1 * ____________________

Address Line2 ____________________

City * ____________________

Country * ____________________

State * ____________________

Zip code * ____________________

Postbox No ____________________

Emergency Contact Name ____________________

Emergency Contact Number ____________________

Extn ____________________

Personal Details

First Name * ____________________

Last Name * ____________________

SSN ____________________

Date of Birth * / / (MM/DD/YYYY)

Gender *

- [ ] Male
- [ ] Female

Blood Group ____________________

Language ____________________

Race

- [ ] American Indian or Alaska Native
- [ ] Asian
- [ ] Black or African American
- [ ] Native Hawaiian or Other Pacific Islander
- [ ] White

Ethnicity

- [ ] Hispanic or Latino
- [ ] Not Hispanic or Latino

D-Signed Nutrition
3531 Bonita Bay Blvd, Suite 300
Bonita Springs, FL 34134

Employment Status

- ☐ Employed
- ☐ Full-Time Student
- ☐ Part-Time Student
- ☐ Unemployed
- ☐ Retired

Marital Status

- ☐ Single
- ☐ Married
- ☐ Others

Smoking Status

- ☐ Current every day smoker
- ☐ Current some day smoker
- ☐ Former Smoker
- ☐ Never Smoker
- ☐ Smoker, current status unknown
- ☐ Unknown if ever smoked