

Metabolic Assessment Form™

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

PART I

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

1. _____

2. _____

1. _____

PART II

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

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

PART III (On the next page) please circle the appropriate number on all questions below.
0 as the least/never to 3 as the most/always.

PART IV

How many alcoholic beverages do you consume per week? _____ Rate your stress level on a scale of 1-10 during the average week: _____

How many caffeinated beverages do you consume per day? _____ How many times do you eat fish per week? _____

How many times do you eat out per week? _____ How many times do you work 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: _____