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Dr. Robert Rifkin, Chiropractor

Dr. Binh Nguyen, Chiropractor

Metabolic Survey Form

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

List your 4 major health concerns in order of importance:

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

Circle the appropriate number: 0 (never) - 4 (always)

<p>Category 1: Colon</p> <p>Bowels don't empty completely 0 1 2 3 4</p> <p>Abdominal pain relief passing gas or stool 0 1 2 3 4</p> <p>Alternating constipation/diarrhea 0 1 2 3 4</p> <p>Diarrhea 0 1 2 3 4</p> <p>Less than 2 bowel movements/day 0 1 2 3 4</p> <p>More than 3 bowel movements/day 0 1 2 3 4</p> <p>Hard, dry small stools 0 1 2 3 4</p> <p>Bad smelly gas 0 1 2 3 4</p> <p>Need laxatives constantly 0 1 2 3 4</p> <p>Coated tongue 0 1 2 3 4</p> <p>Category 2: Hypoacidity</p> <p>Excessive belch and bloating 0 1 2 3 4</p> <p>Gas right after a meal 0 1 2 3 4</p> <p>Bad breath 0 1 2 3 4</p> <p>Difficult bowel movements 0 1 2 3 4</p> <p>Sense of fullness during/after meals 0 1 2 3 4</p> <p>Difficult digestion 0 1 2 3 4</p> <p>Category 3: Hyperacidity</p> <p>Stomach pain 1-4 hours after eating 0 1 2 3 4</p> <p>Frequently need antacids 0 1 2 3 4</p> <p>Feel hungry 1-2 hours after eating 0 1 2 3 4</p> <p>Heartburn 0 1 2 3 4</p> <p>Heartburn relieved by milk/carbonated drinks 0 1 2 3 4</p> <p>Heartburn from spicy foods/chocolate/citrus alcohol and caffeine 0 1 2 3 4</p> <p>Category 4: Small Intestine (pancreas)</p> <p>Fiber causes constipation 0 1 2 3 4</p> <p>Indigestion and fullness 2 hours after meals 0 1 2 3 4</p> <p>Middle abdominal pain 0 1 2 3 4</p> <p>Excessive gas 0 1 2 3 4</p> <p>Nausea 0 1 2 3 4</p> <p>Smelly undigested stools 0 1 2 3 4</p> <p>Mucus/greasy/unformed stools 0 1 2 3 4</p> <p>Increased thirst and appetite 0 1 2 3 4</p> <p>Difficulty losing weight 0 1 2 3 4</p>	<p>Category 5: Liver/Gallbladder</p> <p>Greasy/fatty foods causes distress 0 1 2 3 4</p> <p>Gas 3-4 hours after eating 0 1 2 3 4</p> <p>Sour/bitter taste in the mouth worse in the AM 0 1 2 3 4</p> <p>Itchy skin 0 1 2 3 4</p> <p>Yellow cast to the eyes 0 1 2 3 4</p> <p>Clay colored stools 0 1 2 3 4</p> <p>Reddish skin 0 1 2 3 4</p> <p>Dry flaky skin and hair 0 1 2 3 4</p> <p>Muscle/ligament problems 0 1 2 3 4</p> <p>Gallstones 0 1 2 3 4</p> <p>Gall bladder removed 0 1 2 3 4</p> <p>Category 6: Hypoglycemia</p> <p>Crave sweets during the day 0 1 2 3 4</p> <p>Irritable if meals are missed 0 1 2 3 4</p> <p>Get anxiety relieved by eating 0 1 2 3 4</p> <p>Get light headed if a meal is missed 0 1 2 3 4</p> <p>Eating relieves fatigue 0 1 2 3 4</p> <p>Eating relieves shakiness/jitters 0 1 2 3 4</p> <p>Agitated easily relieved by eating 0 1 2 3 4</p> <p>Category 7: Syndrome X</p> <p>Fatigue after meals 0 1 2 3 4</p> <p>Crave sweets 0 1 2 3 4</p> <p>Eating sweets doesn't reduce craving 0 1 2 3 4</p> <p>Frequent urination 0 1 2 3 4</p> <p>Increased thirst and appetite 0 1 2 3 4</p> <p>Difficulty losing weight 0 1 2 3 4</p> <p>Achiness in joints 0 1 2 3 4</p> <p>Category 8: Adrenal Hypofunction</p> <p>Wake up in the middle of the night 0 1 2 3 4</p> <p>Crave salt 0 1 2 3 4</p> <p>Slow to get started 0 1 2 3 4</p> <p>Need stimulants (coffee/tea) 0 1 2 3 4</p> <p>Fatigue easily 0 1 2 3 4</p> <p>Dizzy if standing up quickly 0 1 2 3 4</p> <p>Afternoon headaches 0 1 2 3 4</p> <p>Headaches with exertion 0 1 2 3 4</p> <p>Weak nails 0 1 2 3 4</p> <p style="text-align: center; color: purple; font-weight: bold; font-size: 1.2em;">Turn over the page.</p>
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