

# Grace Chiropractic & Wellness

*Helping You Heal From The Inside Out*

## Metabolic Assessment Form

Rate each symptom based on how often or severely you experience it.

Name \_\_\_\_\_

Age \_\_\_\_\_

Sex (circle: M / F) \_\_\_\_\_

Date \_\_\_\_\_

### Part I — Top 5 Health Concerns (list in order of importance)

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### Part II — Symptom Ratings 0 = Never / Not at all 1 = Occasionally / Mild 2 = Frequently / Moderate 3 = Always / Severe

Category I — Bowel Function	0 = Never 1 = Mild 2 = Moderate 3 = Severe
Bowels do not empty completely	00 01 02 03
Lower abdominal pain relieved by stool/gas	00 01 02 03
Alternating constipation and diarrhea	00 01 02 03
Diarrhea	00 01 02 03
Constipation	00 01 02 03
Hard, dry, or small stool	00 01 02 03
Coated or fuzzy tongue	00 01 02 03
Pass large amount of foul-smelling gas	00 01 02 03
More than 3 bowel movements daily	00 01 02 03
Use laxatives frequently	00 01 02 03
Category II — Food Reactions	0 = Never 1 = Mild 2 = Moderate 3 = Severe
Increasing frequency of food reactions	00 01 02 03
Unpredictable food reactions	00 01 02 03
Aches, pains, and swelling throughout body	00 01 02 03
Unpredictable abdominal swelling	00 01 02 03
Frequent bloating after eating	00 01 02 03
Abdominal intolerance to sugars/starches	00 01 02 03

Category III — Chemical Sensitivities		0 = Never 1 = Mild 2 = Moderate 3 = Severe
Intolerance to smells		00 01 02 03
Intolerance to jewelry		00 01 02 03
Intolerance to shampoo/lotion/detergents		00 01 02 03
Multiple smell and chemical sensitivities		00 01 02 03
Constant skin outbreaks		00 01 02 03
Category IV — Upper Digestive		0 = Never 1 = Mild 2 = Moderate 3 = Severe
Excessive belching, burping, or bloating		00 01 02 03
Gas immediately following a meal		00 01 02 03
Offensive breath		00 01 02 03
Difficult bowel movement		00 01 02 03
Sense of fullness during/after meals		00 01 02 03
Difficulty digesting fruits and vegetables		00 01 02 03
Category V — Acid Reflux / Heartburn		0 = Never 1 = Mild 2 = Moderate 3 = Severe
Stomach pain/burning 1–4 hrs after eating		00 01 02 03
Use antacids		00 01 02 03
Feel hungry 1–2 hours after eating		00 01 02 03
Heartburn when lying down or bending		00 01 02 03
Temporary relief from antacids/food/milk		00 01 02 03
Digestive problems subside with rest		00 01 02 03
Heartburn from spicy/chocolate/citrus/alcohol		00 01 02 03
Category VI — Pancreas / Colon		0 = Never 1 = Mild 2 = Moderate 3 = Severe
Roughage and fiber cause constipation		00 01 02 03
Indigestion lasting 2–4 hours after eating		00 01 02 03
Pain/tenderness under left rib cage		00 01 02 03
Excessive passage of gas		00 01 02 03
Nausea and/or vomiting		00 01 02 03
Stool undigested, foul-smelling, or greasy		00 01 02 03
Frequent urination		00 01 02 03
Increased thirst and appetite		00 01 02 03

Category VII — Liver / Gallbladder	0 = Never 1 = Mild 2 = Moderate 3 = Severe
Greasy foods cause distress	00 01 02 03
Lower bowel gas several hours after eating	00 01 02 03
Bitter metallic taste in mouth	00 01 02 03
Burpy fishy taste after fish oils	00 01 02 03
Difficulty losing weight	00 01 02 03
Unexplained itchy skin	00 01 02 03
Yellowish cast to eyes	00 01 02 03
Stool color alternates clay to brown	00 01 02 03
Reddened skin, especially palms	00 01 02 03
Dry or flaky skin and/or hair	00 01 02 03
History of gallbladder attacks or stones	00 01 02 03

Category VIII — Detoxification	0 = Never 1 = Mild 2 = Moderate 3 = Severe
Acne and unhealthy skin	00 01 02 03
Excessive hair loss	00 01 02 03
Overall sense of bloating	00 01 02 03
Unexplained bodily swelling	00 01 02 03
Hormone imbalances	00 01 02 03
Weight gain	00 01 02 03
Poor bowel function	00 01 02 03
Excessively foul-smelling sweat	00 01 02 03

Category IX — Blood Sugar (Low)	0 = Never 1 = Mild 2 = Moderate 3 = Severe
Crave sweets during the day	00 01 02 03
Irritable if meals are missed	00 01 02 03
Depend on coffee to get started	00 01 02 03
Get light-headed if meals are missed	00 01 02 03
Eating relieves fatigue	00 01 02 03
Feel shaky, jittery, or have tremors	00 01 02 03
Agitated, easily upset, nervous	00 01 02 03
Poor memory / forgetful	00 01 02 03
Blurred vision	00 01 02 03

Category X — Blood Sugar (High)	0 = Never 1 = Mild 2 = Moderate 3 = Severe
Fatigue after meals	00 01 02 03
Crave sweets during the day	00 01 02 03
Eating sweets does not relieve cravings	00 01 02 03
Must have sweets after meals	00 01 02 03
Waist girth equal or larger than hips	00 01 02 03
Frequent urination	00 01 02 03
Increased thirst and appetite	00 01 02 03
Difficulty losing weight	00 01 02 03

Category XI — Adrenal (Low)	0 = Never 1 = Mild 2 = Moderate 3 = Severe
Cannot stay asleep	00 01 02 03
Crave salt	00 01 02 03
Slow starter in the morning	00 01 02 03
Afternoon fatigue	00 01 02 03
Dizziness when standing up quickly	00 01 02 03
Afternoon headaches	00 01 02 03
Headaches with exertion or stress	00 01 02 03
Weak nails	00 01 02 03

Category XII — Adrenal (High)	0 = Never 1 = Mild 2 = Moderate 3 = Severe
Cannot fall asleep	00 01 02 03
Perspire easily	00 01 02 03
Under high amount of stress	00 01 02 03
Weight gain under stress	00 01 02 03
Wake up tired after 6+ hours sleep	00 01 02 03
Excessive perspiration with little activity	00 01 02 03

Category XIII — Mineral Deficiency	0 = Never 1 = Mild 2 = Moderate 3 = Severe
Edema and swelling in ankles and wrists	00 01 02 03
Muscle cramping	00 01 02 03
Poor muscle endurance	00 01 02 03
Frequent urination	00 01 02 03
Frequent thirst	00 01 02 03
Crave salt	00 01 02 03
Abnormal sweating from minimal activity	00 01 02 03
Alteration in bowel regularity	00 01 02 03
Inability to hold breath for long periods	00 01 02 03
Shallow, rapid breathing	00 01 02 03

<b>Category XIV — Thyroid (Low)</b>	0 = Never 1 = Mild 2 = Moderate 3 = Severe
Tired / sluggish	00 01 02 03
Feel cold — hands, feet, all over	00 01 02 03
Require excessive sleep to function	00 01 02 03
Weight gain with low-calorie diet	00 01 02 03
Gain weight easily	00 01 02 03
Difficult, infrequent bowel movements	00 01 02 03
Depression / lack of motivation	00 01 02 03
Morning headaches that wear off during day	00 01 02 03
Outer third of eyebrow thins	00 01 02 03
Thinning of hair on scalp, face, or genitals	00 01 02 03
Dryness of skin and/or scalp	00 01 02 03
Mental sluggishness	00 01 02 03

<b>Category XV — Thyroid (High)</b>	0 = Never 1 = Mild 2 = Moderate 3 = Severe
Heart palpitations	00 01 02 03
Inward trembling	00 01 02 03
Increased pulse even at rest	00 01 02 03
Nervous and emotional	00 01 02 03
Insomnia	00 01 02 03
Night sweats	00 01 02 03
Difficulty gaining weight	00 01 02 03

<b>Category XVI — Female Hormones (Low) [Females only]</b>	0 = Never 1 = Mild 2 = Moderate 3 = Severe
Diminished sex drive	00 01 02 03
Menstrual disorders or lack of menstruation	00 01 02 03
Increased ability to eat sugars without symptoms	00 01 02 03

<b>Category XVII — Female Hormones (High) [Females only]</b>	0 = Never 1 = Mild 2 = Moderate 3 = Severe
Increased sex drive	00 01 02 03
Tolerance to sugars reduced	00 01 02 03
Splitting-type headaches	00 01 02 03

<b>Category XVIII — Prostate [Males only]</b>	0 = Never 1 = Mild 2 = Moderate 3 = Severe
Urination difficulty or dribbling	00 01 02 03
Frequent urination	00 01 02 03
Pain inside of legs or heels	00 01 02 03
Feeling of incomplete bowel emptying	00 01 02 03
Leg twitching at night	00 01 02 03

Category XIX — Male Hormones [Males only]	0 = Never 1 = Mild 2 = Moderate 3 = Severe
Decreased libido	00 01 02 03
Decreased spontaneous morning erections	00 01 02 03
Spells of mental fatigue	00 01 02 03
Inability to concentrate	00 01 02 03
Episodes of depression	00 01 02 03
Muscle soreness	00 01 02 03
Unexplained weight gain	00 01 02 03
Increase in fat around chest and hips	00 01 02 03
Sweating attacks	00 01 02 03
More emotional than in the past	00 01 02 03

Category XX — Menstruating Females Only	0 = Never 1 = Mild 2 = Moderate 3 = Severe
Pain and cramping during periods	00 01 02 03
Scanty blood flow	00 01 02 03
Heavy blood flow	00 01 02 03
Breast pain and swelling during menses	00 01 02 03
Pelvic pain during menses	00 01 02 03
Irritable and depressed during menses	00 01 02 03
Acne	00 01 02 03
Facial hair growth	00 01 02 03
Hair loss / thinning	00 01 02 03

Category XXI — Menopausal Females Only	0 = Never 1 = Mild 2 = Moderate 3 = Severe
Hot flashes	00 01 02 03
Mental fogginess	00 01 02 03
Disinterest in sex	00 01 02 03
Mood swings	00 01 02 03
Depression	00 01 02 03
Painful intercourse	00 01 02 03
Facial hair growth	00 01 02 03
Acne	00 01 02 03
Increased vaginal pain, dryness, or itching	00 01 02 03

Have you had your gallbladder removed? O Yes O No

## Part III — Lifestyle

Alcoholic beverages per week

Caffeinated beverages per day

Times eating out per week

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Times eating raw nuts/seeds per week

Fish servings per week

Times working out per week

Stress level (1–10, average week)

3 worst foods you eat regularly:

3 healthiest foods you eat regularly:

#### Part IV — Current Medications & Supplements

Medications (name — condition):

Natural supplements (name — purpose):

When complete, please email this form to [admin@gracechirotx.com](mailto:admin@gracechirotx.com) or bring it to your appointment.  
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