



Patient Name: _____

Date of Birth: _____

Today's Date: _____

Metabolic/Neurologic Assessment Form

The following questions and sections will guide staff clinicians in understanding your physiology. These forms are not meant for self diagnosis.

Please circle the appropriate number "0-3" on all questions below. 0 = least/never 3 = most/always

Category I CH

- 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 frequently 0 1 2 3

Category II HC

- 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 0 1 2 3

Category III HA

- Stomach pain, burning or aching 1-4 hours after eating 0 1 2 3
- Use antacids 0 1 2 3
- Feel hungry and 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 0 1 2 3
- Digestive problems subside with rest and relaxation 0 1 2 3
- Heartburn due to spicy foods, chocolate, citrus, 0 1 2 3
- peppers, alcohol and caffeine 0 1 2 3

Category IV SI

- Roughage and fiber cause constipation 0 1 2 3
- 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 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 BT

- Greasy or high fat foods cause distress 0 1 2 3
- Lower bowel gas and/or bloating several hours 0 1 2 3
- Bitter metallic taste in mouth, especially in the 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 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 gall bladder removed? 0 1 2 3

Category VI HO

- 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
- Anxiated, easily upset, nervous 0 1 2 3
- Poor memory/forgetful 0 1 2 3
- Blurred vision 0 1 2 3

Category VII IR

- Fatigue after meals 0 1 2 3
- Crave sweets during the day 0 1 2 3
- Eating sweets does not relieve cravings for 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 VIII AF

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

Please circle the appropriate number "0-3" on all questions below. 0 = least/never 3 = most/always

Category IX AH

Cannot fall asleep	0	1	2	3
Perspire easily	0	1	2	3
Under 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	0	1	2	3

Category X HoT

Tired/sluggish	0	1	2	3
Feel cold--hands, feet, all over	0	1	2	3
Require excessive amounts of sleep to function	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	0	1	2	3
Outer third of eyebrow thins	0	1	2	3
Thinning of hair on scalp, face, or genitals:	0	1	2	3
Dryness of skin and/or scalp	0	1	2	3
Mental sluggishness	0	1	2	3

Category XI Thr

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 Pho

Diminished sex drive	0	1	2	3
Menstrual disorders or lack of menstruation	0	1	2	3
Increased ability to eat sugars without symptoms	0	1	2	3

Category XIII Phr

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) PH

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 XV (Males only) AP

Decreased libido	0	1	2	3
Decreased number of spontaneous morning	0	1	2	3
Decreased fullness of 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 past	0	1	2	3

Category XVI (Menstruating Females only)

Premenopausal	0	1	2	3
Alternating menstrual cycle lengths	0	1	2	3
Extended menstrual cycle (greater than every 32	0	1	2	3
Shortened menstrual cycle (less than every 24	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	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 ever have uterine	0	1	2	3
Hot flashes	0	1	2	3
Mental foginess	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

Please circle the appropriate number "0-3" on all questions below. 0 = least/never 3 = most/always

Section 1 BE

A decrease in attention span	0	1	2	3
Mental fatigue	0	1	2	3
Difficulty learning new things	0	1	2	3
Difficulty staying focused and concentrating for	0	1	2	3
Experiencing fatigue when reading sooner than in the	0	1	2	3
Experiencing fatigue when driving sooner than in the	0	1	2	3
Need for caffeine to stay mentally alert	0	1	2	3
Overall brain function impairs your daily life	0	1	2	3

Section 2 BMC

Twitching or tremor in your hands and legs when	0	1	2	3
Handwriting has gotten smaller and more crowded	0	1	2	3
A loss of smell to foods	0	1	2	3
Difficulty sleeping or falling asleep	0	1	2	3
Stiffness in shoulders and hips that goes away when	0	1	2	3
Constipation	0	1	2	3
Voice has become softer	0	1	2	3
Facial expression that is serious or angry	0	1	2	3
Episodes of dizziness or light-headedness upon	0	1	2	3
A hunched over posture when getting up and walking	0	1	2	3

Section 3 MCF

Memory loss that impacts daily activities	0	1	2	3
Difficulty planning, problem solving, or working with	0	1	2	3
Difficulty completing daily tasks	0	1	2	3
Confusion about dates, the passage of time, or place	0	1	2	3
Difficulty understanding visual images and spacial (addresses and locations)	0	1	2	3
Difficulty finding words when speaking	0	1	2	3
Misplacement of things and inability to retrace steps	0	1	2	3
Poor judgment and bad decisions	0	1	2	3
Disinterest in hobbies, social activities, or work	0	1	2	3
Personality or mood changes	0	1	2	3

Section 4 TLF

Reduced function in overall hearing	0	1	2	3
Difficulty understanding language with background or	0	1	2	3
Ringing or buzzing in the ear	0	1	2	3
Difficulty comprehending language without perfect	0	1	2	3
Difficulty recognizing familiar faces	0	1	2	3
Changes in comprehending the meaning of sentences,	0	1	2	3
Difficulty with verbal memory and finding words	0	1	2	3
Difficulty remembering events	0	1	2	3
Difficulty recalling previously learned facts and names	0	1	2	3
Inability to comprehend familiar words when read	0	1	2	3
Difficulty spelling familiar words	0	1	2	3
Monotone, unemotional speech	0	1	2	3
Difficulty understanding the emotions of others when (nonverbal cues)	0	1	2	3
Disinterest in music and lack of appreciation for	0	1	2	3
Difficulty with long-term memory	0	1	2	3
Memory impairment when doing the basic activities of	0	1	2	3
Difficulty with directions and visual memory	0	1	2	3
Noticeable difference in energy levels throughout the	0	1	2	3

Section 5 OLF

Difficulty coordinating visual inputs and hand resulting in an inability to efficiently reach for objects	0	1	2	3
Difficulty comprehending written text	0	1	2	3
Floaters or halos in your visual field	0	1	2	3
Dullness of colors in your field during different times of	0	1	2	3
Difficulty discriminating similar shades of color	0	1	2	3

Section 6 FCF

Difficulty with detailed hand coordination	0	1	2	3
Difficulty with making decisions	0	1	2	3
Difficulty with suppressing socially inappropriate Socially inappropriate behavior	0	1	2	3
Decisions made based on desires, regardless of the	0	1	2	3
Difficulty planning and organizing daily events	0	1	2	3
Difficulty motivating yourself to start and finish tasks	0	1	2	3
A loss of attention and concentration	0	1	2	3

Please circle the appropriate number "0-3" on all questions below. 0 = least/never 3 = most/always

Section 7 PLF

Hypersensitivities to touch or pain	0	1	2	3
Difficulty with spatial awareness when moving, laying or leaning against a wall	0	1	2	3
Frequently bumping into the wall or objects	0	1	2	3
Difficulty with right-left discrimination	0	1	2	3
Handwriting has become sloppier	0	1	2	3
Difficulty with basic math calculations	0	1	2	3
Difficulty finding words for written or verbal	0	1	2	3
Difficulty recognizing symbols, words, or letters	0	1	2	3

Section 8 PMF

Difficulty swallowing supplements or large bites of	0	1	2	3
Bowel motility and movements slow	0	1	2	3
Bloating after meals	0	1	2	3
Dry eyes or dry mouth	0	1	2	3
A racing heart	0	1	2	3
A flutter in the chest or an abnormal heart rhythm	0	1	2	3
Bowel or bladder incontinence, resulting in staining your underwear	0	1	2	3

Section 9 IDP

A decrease in movement speed	0	1	2	3
Difficulty initiating movement	0	1	2	3
Stiffness in your muscles (not joints)	0	1	2	3
A stooped posture when walking	0	1	2	3
Cramping of your hand when writing	0	1	2	3

Section 10 DP

Abnormal body movements (such as twitching legs)	0	1	2	3
Desires to flinch, clear your throat, or perform some type of movement	0	1	2	3
Constant nervousness and a restless mind	0	1	2	3
Compulsive behaviors	0	1	2	3
Increased tightness and tone in specific muscles	0	1	2	3

Section 11 CB

Difficulty with balance, or balance that is noticeably	0	1	2	3
A need to hold the handrail or watch each step carefully going down stairs	0	1	2	3
Episodes of dizziness	0	1	2	3
Nausea, car sickness, or seasickness	0	1	2	3
A quick impact after consuming alcohol	0	1	2	3
A slight hand shake when reaching for something	0	1	2	3
Back muscles that tire quickly when standing or	0	1	2	3
Chronic neck or back muscle tightness	0	1	2	3

Section 12 BCC

Low brain endurance for focus and concentration	0	1	2	3
Cold hands and feet	0	1	2	3
Must exercise or drink coffee to improve brain	0	1	2	3
Poor nail health	0	1	2	3
Fungal growth on toenails	0	1	2	3
Must wear socks at night	0	1	2	3
Nail beds are white instead of pink	0	1	2	3
The tip of the nose is cold	0	1	2	3

Section 13 SM

Irritable, nervous, shaky, or light-headed between	0	1	2	3
Feel energized after meals	0	1	2	3
Difficulty eating large meals in the morning	0	1	2	3
Energy level drops in the afternoon	0	1	2	3
Crave sugar and sweets in the afternoon	0	1	2	3
Wake up in the middle of the night	0	1	2	3
Difficulty concentrating before eating	0	1	2	3
Depend on coffee to keep going	0	1	2	3

Section 14 PUS

Fatigue after meals	0	1	2	3
Sugar and sweet cravings after meals	0	1	2	3
Difficulty losing weight	0	1	2	3
Increased frequency of urination	0	1	2	3
Difficulty falling asleep	0	1	2	3
Increased appetite	0	1	2	3

Section 15 SBF

Always have projects and things that need to be	0	1	2	3
Never have time for yourself	0	1	2	3
Not getting enough sleep or rest	0	1	2	3
Difficulty getting regular exercise	0	1	2	3
Feel that you are not accomplishing your life's purpose	0	1	2	3

Section 16 EFA

Dry and unhealthy skin	0	1	2	3
Dandruff or a flaky scalp	0	1	2	3
Consumption of processed foods that are bagged	0	1	2	3
Consumption of fried foods	0	1	2	3
Difficulty consuming raw nuts or seeds	0	1	2	3
Difficulty consuming fish (not fried)	0	1	2	3
Difficulty consuming olive oil, avocados, flax seed or natural fats	0	1	2	3

Section 17 BGA

Difficulty digesting foods	0	1	2	3
Constipation or inconsistent bowel movements	0	1	2	3
Increased bloating or gas	0	1	2	3
Abdominal distention after meals	0	1	2	3
Difficulty digesting protein rich foods	0	1	2	3
Difficulty digesting starch rich foods	0	1	2	3
Difficulty swallowing supplements or large bites of food	0	1	2	3
Abnormal gag reflex	Yes or No			

Section 18 BIA

Brain fog (unclear thoughts or concentration)	Yes or No			
Pain and inflammation	Yes or No			
Noticeable variation in mental speed	Yes or No			
Brain fatigue after meals	0	1	2	3
Brain fatigue after exposure to chemicals, scents, or	0	1	2	3
Brain fatigue when the body is inflamed	0	1	2	3

Section 19 GI

Grain consumption leads to tiredness	0	1	2	3
Grain consumption makes it difficult to focus and	0	1	2	3
Feel better when bread and grains are avoided	0	1	2	3
Grain consumption causes the development of any	0	1	2	3
A 100% gluten-free diet	Yes or No			

Section 20 IB

A diagnosis of celiac disease, gluten sensitivity, or an autoimmune disease	Yes or No			
Family members who have been diagnosed with an	Yes or No			
Family members who have been diagnosed with celiac or gluten sensitivity	Yes or No			
Changes in brain function with stress, poor sleep, or	0	1	2	3

Section 21 SC

A loss of pleasure in hobbies and interests	0	1	2	3
Feel overwhelmed with ideas to manage	0	1	2	3
Feelings of inner rage or unprovoked anger	0	1	2	3
Feelings of paranoia	0	1	2	3
Feelings of sadness for no reason	0	1	2	3
A loss of enjoyment in life	0	1	2	3
A lack of artistic appreciation	Yes or No			
Feelings of sadness in overcast weather	0	1	2	3
A loss of enjoyment in favorite foods	0	1	2	3
A loss of enjoyment in friendships and relationships	0	1	2	3
Inability to fall into deep, restful sleep	0	1	2	3
Feelings of dependency on others	0	1	2	3
Feelings of susceptibility to pain	0	1	2	3

Section 22 DC

Feelings of worthlessness	0	1	2	3
Feelings of hopelessness	0	1	2	3
Self-destructive thoughts	0	1	2	3
Inability to handle stress	0	1	2	3
Anger and aggression while under stress	0	1	2	3
Feelings of tiredness, even after many hours of	0	1	2	3
A desire to isolate yourself from others	0	1	2	3
An unexplained lack of concern for family and	0	1	2	3
An inability to finish tasks	0	1	2	3
Feelings of anger for minor reasons	0	1	2	3

Section 23 ACH

A decrease in visual memory (shapes and images)	Yes or No			
A decrease in verbal memory	0	1	2	3
Occurrence of memory lapses	0	1	2	3
A decrease in creativity	0	1	2	3
A decrease in comprehension	0	1	2	3
Difficulty calculating numbers	0	1	2	3
Difficulty recognizing objects and faces	0	1	2	3
A change in opinion about yourself	0	1	2	3
Slow mental recall	0	1	2	3

Section 24 CAT

A decrease in mental alertness	0	1	2	3
A decrease in mental speed	0	1	2	3
A decrease in concentration quality	0	1	2	3
Slow cognitive processing	0	1	2	3
Impaired mental performance	0	1	2	3
An increase in the ability to be distracted	0	1	2	3
Need coffee or caffeine sources to improve	0	1	2	3

Section 25 GC

Feelings of nervousness or panic for no reason	0	1	2	3
Feelings of dread	0	1	2	3
Feelings of a "knot" in your stomach	0	1	2	3
Feelings of being overwhelmed for no reason	0	1	2	3
Feelings of guilt about everyday decisions	0	1	2	3
A restless mind	0	1	2	3
An inability to turn off the mind when relaxing	0	1	2	3
Disorganized attention	0	1	2	3
Worry over things never thought about before	0	1	2	3
Feelings of inner tension and inner excitability	0	1	2	3

- ✓ Are there any other concerns or interests you have about your health that you would like us to address?

You may describe any other concerns or questions in this space:

- ✓ **Patient Authorization**

Thank you for taking the time to fill out this health history questionnaire. This information is important to the doctor obtaining an accurate clinical picture so as to make an appropriate diagnosis and treatment plan. Please sign below authorizing that the information in this form has been read and filled out completely and accurately to the best of your understanding. Also, understand that the information in this form is considered confidential and for use by your doctor at NeuroSport Elite. Any disclosure is outlined in our privacy policies.

Patient's (or guardian's) signature

Date

Signature of translator or person assisting you
(if any)

Date

Printed name

- **Doctor's Notes.**

Doctor's initials: