

Metabolic Assessment Formtm

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

Please list your 5 major health concerns in order of importance

- 1.
- 2.
- 3.
- 4.
- 5.

What are you currently doing for treatment? Who is on your healthcare team?

Please list any medications you are currently taking and for what conditions.

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

Please list any sensitivities or allergies to drugs, the environment, or food:

Lifestyle:

Stress: Rate your stress level on a scale of 1-10 during the average week:

Exercise:

Sleep:

Diet:

Do you follow a specific diet?

How many times do you eat out per week?

How many times do you eat fish per week?

How many times do you eat raw nuts or seeds per week?

List the 3 worst foods you eat during the average week:

List the 3 healthiest foods you eat during the average week:

Caffeine (cups per day):

Water (cups per day):

Social Hx:

Tobacco Use:

Alcohol (beverages per week):

What do you hope to get out of your consultation with Dr. EL?