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Dr. Robert Rifkin, Chiropractor

Metabolic Survey Form

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

List your 5 major health concerns in order of importance:

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

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: Metabolic Syndrome</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>Category 8.5: Immune</p> <p>Fatigue 0 1 2 3 4</p> <p>Swollen Glands 0 1 2 3 4</p> <p>Frequent colds/flu's 0 1 2 3 4</p> <p>Frequent sinus infections 0 1 2 3 4</p> <p>Recover slowly from illness 0 1 2 3 4</p> <p>Food allergies 0 1 2 3 4</p> <p>Chemical Allergies 0 1 2 3 4</p> <p style="text-align: center;">•</p> <p style="text-align: center;">TURN TO NEXT PAGE:</p>
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Category 9: Adrenal Hyper.		Category 15: Prostate (male)	
Cannot fall asleep	0 1 2 3 4	Urination is difficult (dribbling)	0 1 2 3 4
Sweat easily	0 1 2 3 4	Frequent urination	0 1 2 3 4
Under high stress	0 1 2 3 4	Restless legs at night	0 1 2 3 4
Weight gain if stressed	0 1 2 3 4	Urge to urinate but little urine	0 1 2 3 4
Wake up tired after enough sleep	0 1 2 3 4		
Masculine tendencies (female)	0 1 2 3 4	Category 16 : Andropause (male only)	
Headaches	0 1 2 3 4	Decreased sex drive	0 1 2 3 4
Category 10: Hypothyroid		Decrease in spontaneous morning erections	0 1 2 3 4
Tired/sluggish	0 1 2 3 4	Less than full erection	0 1 2 3 4
Feel cold a lot (hands feet)	0 1 2 3 4	Mental fatigue	0 1 2 3 4
Need lots of sleep	0 1 2 3 4	Inability to concentrate	0 1 2 3 4
Gain weight easily	0 1 2 3 4	Episodes of depression	0 1 2 3 4
Constipated (hard stools)	0 1 2 3 4	Decreased physical stamina	0 1 2 3 4
Easily depressed	0 1 2 3 4	Achey	0 1 2 3 4
Morning headaches	0 1 2 3 4	Increased weight gain	0 1 2 3 4
Outer third of eyebrows thin	0 1 2 3 4	Increased fat in chest and hips	0 1 2 3 4
Excessive hair loss	0 1 2 3 4	Sweating attacks	0 1 2 3 4
Dry skin and scalp	0 1 2 3 4	Emotional	0 1 2 3 4
Lack mental clarity	0 1 2 3 4	Category 17: Menstruation (female)	
Category 11: Hyperthyroid		Menstrual cycle irregular	0 1 2 3 4
Heart palpitations	0 1 2 3 4	Cycle greater than 32 days	0 1 2 3 4
Trembling inwardly	0 1 2 3 4	Cycle shorter than 24 days	0 1 2 3 4
Increased pulse rate	0 1 2 3 4	Cramping and pain with period	0 1 2 3 4
Nervous and emotional	0 1 2 3 4	Scanty blood flow	0 1 2 3 4
Insomnia	0 1 2 3 4	Heavy blood flow	0 1 2 3 4
Night sweats	0 1 2 3 4	Breast tenderness with menses	0 1 2 3 4
Hard to gain weight	0 1 2 3 4	Pelvic pain with menses	0 1 2 3 4
		Irritable during menses	0 1 2 3 4
		Acne break outs	0 1 2 3 4
		Facial hair growth	0 1 2 3 4
		Hair loss/thinning	0 1 2 3 4
Category 12: Pituitary Hypofunction		Category 18: Menopausal (female)	
Diminished sex drive	0 1 2 3 4	Uterine bleeding since menopause	0 1 2 3 4
Menstrual/Menopausal problems	0 1 2 3 4	Hot flashes	0 1 2 3 4
Eats sugar with no symptoms	0 1 2 3 4	Mental foginess	0 1 2 3 4
Increased thirst	0 1 2 3 4	Decreased sex drive	0 1 2 3 4
Category 13: Pituitary Hyperfunction		Mood swings	0 1 2 3 4
Increased sex drive	0 1 2 3 4	Depression	0 1 2 3 4
Tolerance to sugar is poor	0 1 2 3 4	Painful intercourse	0 1 2 3 4
Splitting painful headaches	0 1 2 3 4	Shrinking breasts	0 1 2 3 4
Low blood pressure	0 1 2 3 4	Facial hair growth	0 1 2 3 4
		Acne	0 1 2 3 4
		Vaginal pain and itching	0 1 2 3 4
Category 14: Inflammation		Category 19: Heart	
Asthma	0 1 2 3 4	Chest tight	0 1 2 3 4
Skin conditions	0 1 2 3 4	Short of breath	0 1 2 3 4
Pain	0 1 2 3 4	Swollen ankles	0 1 2 3 4
Arthritis	0 1 2 3 4	Cold hands/feet	0 1 2 3 4
Gum disease	0 1 2 3 4	Over weight	0 1 2 3 4
Allergies	0 1 2 3 4	Fatigue	0 1 2 3 4
Vericose Veins	0 1 2 3 4	Dizzy	0 1 2 3 4
Overweight	0 1 2 3 4	Inactivity	0 1 2 3 4

Alcoholic beverages per week _____ Smoker Y N Cigarettes per week _____

Times eating out per week _____ Caffeinated beverages per day _____

3 worst foods you eat _____ Stress level 10 (extreme) 0 none _____

3 best foods you eat _____ Tmes per week eating raw nuts and seeds _____

Servings of vegetables and fruits per day _____ Times per week exercising and type of exercise _____

Medications: _____

Supplements: _____

