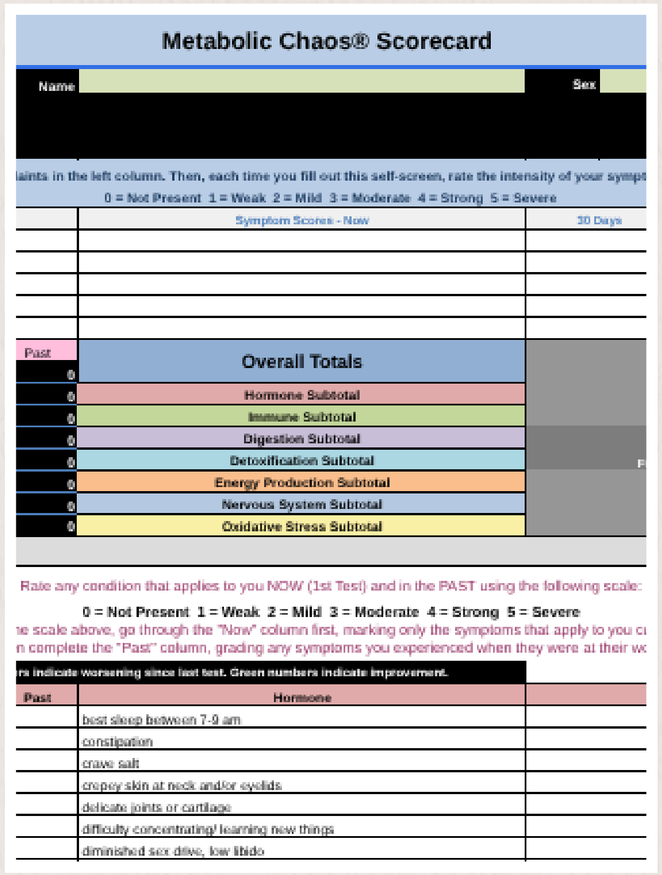
NEW CLIENT INTAKE FORMS



Metabolic Chaos® Scorecard

Name | Sex

aints in the left column. Then, each time you fill out this self-screen, rate the intensity of your sympt

0 = Not Present 1 = Weak 2 = Mild 3 = Moderate 4 = Strong 5 = Severe

	Symptom Scores - Now	30 Days

Past	Overall Totals
0	Hormone Subtotal
0	Immune Subtotal
0	Digestion Subtotal
0	Detoxification Subtotal
0	Energy Production Subtotal
0	Nervous System Subtotal
0	Oxidative Stress Subtotal

Rate any condition that applies to you NOW (1st Test) and in the PAST using the following scale:

0 = Not Present 1 = Weak 2 = Mild 3 = Moderate 4 = Strong 5 = Severe

e scale above, go through the "Now" column first, marking only the symptoms that apply to you c
n complete the "Past" column, grading any symptoms you experienced when they were at their w

s indicate worsening since last test. Green numbers indicate improvement.

Past	Hormone	
	best sleep between 7-9 am	
	constipation	
	crave salt	
	crepey skin at neck and/or eyelids	
	delicate joints or cartilage	
	difficulty concentrating/ learning new things	
	diminished sex drive, low libido	

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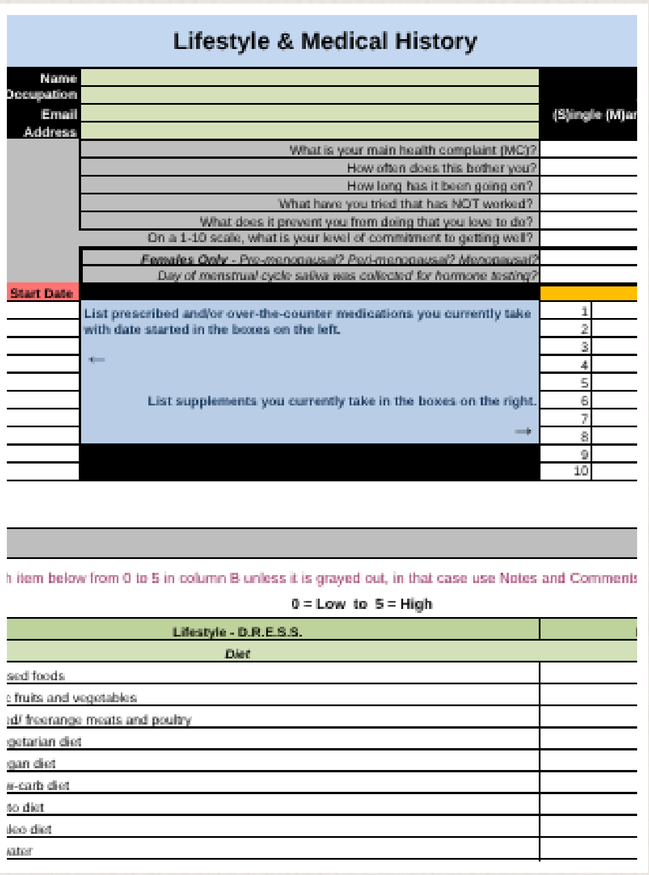


Lifestyle & Medical History

Name		
Occupation		
Email		(S)ingle (M)ar
Address		
	What is your main health complaint (MC)?	
	How often does this bother you?	
	How long has it been going on?	
	What have you tried that has NOT worked?	
	What does it prevent you from doing that you love to do?	
	On a 1-10 scale, what is your level of commitment to getting well?	
	Females Only - Pre-menopausal? Peri-menopausal? Menopausal?	
	Day of menstrual cycle saliva was collected for hormone testing?	
Start Date		

List prescribed and/or over-the-counter medications you currently take with date started in the boxes on the left.

List supplements you currently take in the boxes on the right.

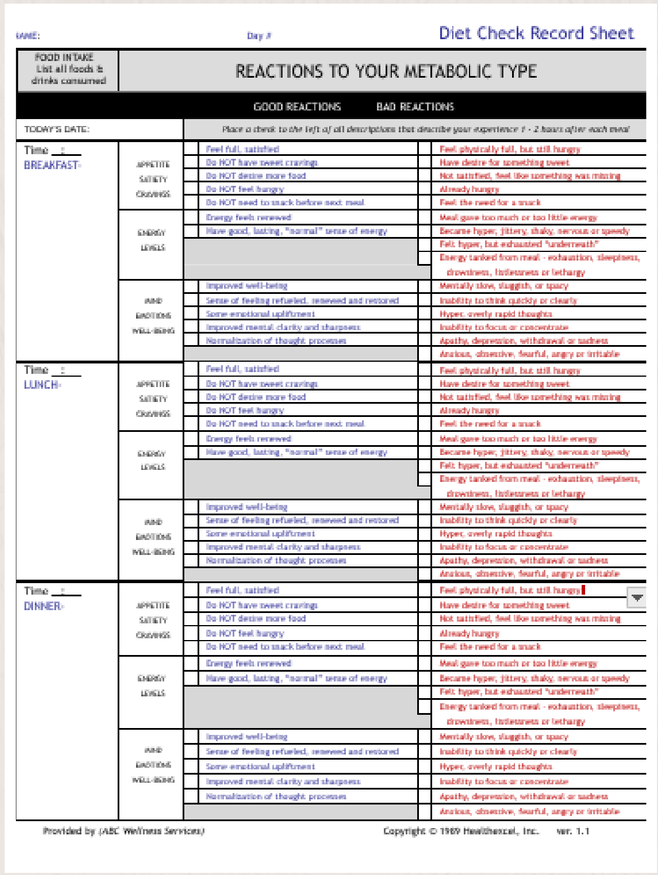
1	
2	
3	
4	
5	
6	
7	
8	
9	
10	

h item below from 0 to 5 in column B unless it is grayed out, in that case use Notes and Comments

0 = Low to 5 = High

Lifestyle - D.R.E.S.S.	
Diet	
ssed foods	
fruits and vegetables	
d/ free range meats and poultry	
getarian diet	
gan diet	
w-carb diet	
to diet	
leo diet	
ator	

N O . 2



NAME: Day # **Diet Check Record Sheet**

FOOD INTAKE List all foods & drinks consumed		REACTIONS TO YOUR METABOLIC TYPE	
		GOOD REACTIONS	BAD REACTIONS
TODAY'S DATE:		Place a check to the left of all descriptions that describe your experience 1 - 2 hours after each meal	
Time :	APPETITE SATIETY CRAVINGS	Feel full, satisfied	Feel physically full, but still hungry
BREAKFAST-		Do NOT have sweet cravings	Have desire for something sweet
		Do NOT desire more food	Not satisfied, feel like something was missing
		Do NOT feel hungry	Already hungry
		Do NOT need to snack before next meal	Feel the need for a snack
	ENERGY LEVELS	Energy feels renewed	Meal gave too much or too little energy
		Have good, lasting, "normal" sense of energy	Became hyper, jittery, shaky, nervous or speedy
			Felt hyper, but exhausted "underneath"
			Energy tanked from meal - exhaustion, sleepiness, drowsiness, listlessness or lethargy
	MIND EMOTIONS WELL-BEING	Improved well-being	Mentally slow, sluggish, or spacy
		Sense of feeling refueled, renewed and restored	Inability to think quickly or clearly
		Some emotional upliftment	Hyper, overly rapid thoughts
		Improved mental clarity and sharpness	Inability to focus or concentrate
		Normalization of thought processes	Apathy, depression, withdrawal or sadness
			Anxious, obsessive, fearful, angry or irritable
Time :	APPETITE SATIETY CRAVINGS	Feel full, satisfied	Feel physically full, but still hungry
LUNCH-		Do NOT have sweet cravings	Have desire for something sweet
		Do NOT desire more food	Not satisfied, feel like something was missing
		Do NOT feel hungry	Already hungry
		Do NOT need to snack before next meal	Feel the need for a snack
	ENERGY LEVELS	Energy feels renewed	Meal gave too much or too little energy
		Have good, lasting, "normal" sense of energy	Became hyper, jittery, shaky, nervous or speedy
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		Improved mental clarity and sharpness	Inability to focus or concentrate
		Normalization of thought processes	Apathy, depression, withdrawal or sadness
			Anxious, obsessive, fearful, angry or irritable
Time :	APPETITE SATIETY CRAVINGS	Feel full, satisfied	Feel physically full, but still hungry
DINNER-		Do NOT have sweet cravings	Have desire for something sweet
		Do NOT desire more food	Not satisfied, feel like something was missing
		Do NOT feel hungry	Already hungry
		Do NOT need to snack before next meal	Feel the need for a snack
	ENERGY LEVELS	Energy feels renewed	Meal gave too much or too little energy
		Have good, lasting, "normal" sense of energy	Became hyper, jittery, shaky, nervous or speedy
			Felt hyper, but exhausted "underneath"
			Energy tanked from meal - exhaustion, sleepiness, drowsiness, listlessness or lethargy
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		Normalization of thought processes	Apathy, depression, withdrawal or sadness
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