

Dr. Richard E. Picard  
*Advanced Nutrition and Holistic Services*

Patient Name \_\_\_\_\_ Date \_\_\_\_\_

Metabolic Screening Questionnaire

Rate each of the following symptoms based on your typical health profile for the past 30 days.

\_\_\_\_\_ No Symptoms, 1= Occasional Not Severe, 2= Occasional Severe, 3= Frequent Not Severe, 4= Frequent Severe

Head \_\_\_\_\_ Headache  
 \_\_\_\_\_ Faintness  
 \_\_\_\_\_ Dizziness  
 \_\_\_\_\_ Insomnia                      Total \_\_\_\_\_

Eyes \_\_\_\_\_ Watery/Itchy  
 \_\_\_\_\_ Reddened or sticky eyelids  
 \_\_\_\_\_ Bags or Dark circles  
 \_\_\_\_\_ Blurred Vision                      Total \_\_\_\_\_

Ears \_\_\_\_\_ Itchy  
 \_\_\_\_\_ Earache  
 \_\_\_\_\_ Infection  
 \_\_\_\_\_ Drainage  
 \_\_\_\_\_ Ringing                      Total \_\_\_\_\_

Nose \_\_\_\_\_ Stuffy Nose  
 \_\_\_\_\_ Sinus Problems  
 \_\_\_\_\_ Hay Fever/Allergies  
 \_\_\_\_\_ Mucous Formation                      Total \_\_\_\_\_

Throat \_\_\_\_\_ Chronic coughing  
 \_\_\_\_\_ Frequent need to clear throat  
 \_\_\_\_\_ Sore throat/hoarseness  
 \_\_\_\_\_ Discolored tongue/gums  
 \_\_\_\_\_ Canker soars                      Total \_\_\_\_\_

Energy \_\_\_\_\_ Fatigue  
 \_\_\_\_\_ Apathy/lethargy  
 \_\_\_\_\_ Hyperactivity  
 \_\_\_\_\_ Restlessness                      Total \_\_\_\_\_

Skin \_\_\_\_\_ Acne  
 \_\_\_\_\_ Hives/rashes/dry skin  
 \_\_\_\_\_ Hair Loss  
 \_\_\_\_\_ Flushing/hot flashes  
 \_\_\_\_\_ Excessive Sweating                      Total \_\_\_\_\_

Other \_\_\_\_\_ Frequent Illness  
 \_\_\_\_\_ Frequent Urination  
 \_\_\_\_\_ Genital Itch/discharge                      Total \_\_\_\_\_

Lungs \_\_\_\_\_ Chest Congestion  
 \_\_\_\_\_ Asthma/bronchitis  
 \_\_\_\_\_ Shortness of breath  
 \_\_\_\_\_ Difficulty breathing                      Total \_\_\_\_\_

Emotions \_\_\_\_\_ Mood swings  
 \_\_\_\_\_ Anxiety/fear/nervousness  
 \_\_\_\_\_ Anger/irritability/aggressiveness  
 \_\_\_\_\_ Depression                      Total \_\_\_\_\_

Digestive \_\_\_\_\_ Nausea/vomiting  
 \_\_\_\_\_ Diarrhea  
 \_\_\_\_\_ Constipation  
 \_\_\_\_\_ Bloating  
 \_\_\_\_\_ Belching/passing gas  
 \_\_\_\_\_ Heart burn  
 \_\_\_\_\_ Intestinal/stomach pain                      Total \_\_\_\_\_

Mind \_\_\_\_\_ Poor memory  
 \_\_\_\_\_ Poor comprehension  
 \_\_\_\_\_ Poor concentration  
 \_\_\_\_\_ Difficulty making decisions  
 \_\_\_\_\_ Stuttering/speech dysfunction  
 \_\_\_\_\_ Learning disabilities                      Total \_\_\_\_\_

Musculoskeletal  
 \_\_\_\_\_ Pain or aches in joints  
 \_\_\_\_\_ Stiffness or limitations of movement  
 \_\_\_\_\_ Pain or aches in muscles  
 \_\_\_\_\_ Weak muscles                      Total \_\_\_\_\_

Weight \_\_\_\_\_ Binge eating/drinking  
 \_\_\_\_\_ Craving certain foods (salty/sweet)  
 \_\_\_\_\_ Excessive weight/ weight gain  
 \_\_\_\_\_ Compulsive eating  
 \_\_\_\_\_ Water retention  
 \_\_\_\_\_ Underweight                      Total \_\_\_\_\_

Heart \_\_\_\_\_ Irregular beat  
 \_\_\_\_\_ Rapid beat  
 \_\_\_\_\_ Chest pain                      Total \_\_\_\_\_

**Grand Total** \_\_\_\_\_

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