

Whole Body Biometabolic Analysis Data Collection Form

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Patient's Name: _____ Date: _____

Practitioner's Name: _____ Fax: _____

Number of Pages: _____

Minimum Tests Recommended

| | | |
|--------------------------|-----------------|--------------------------------|
| Symptoms | Urinalysis | Bioelectric Impedance Analysis |
| Blood Pressure | Saliva pH | |
| Daytime Core Temperature | Zinc Taste Test | |

Pre-Test Instructions

1. No alcohol consumption within 24 hours prior to the test.
2. No exercise, caffeine, or food within 4 hours prior to the test.
3. Drink 2 glasses of water 2 hours before the test.

Report Requested and Payment

- Biometabolic Therapy Report in pdf format via email
- Biometabolic Therapy Report printed in a binder

Payment Method: Visa MasterCard American Express Discover Check/Money Order

Credit Card # _____ Expiration Date _____ CVC Code _____

Signature _____

Tests Performed

Sex: Male Female

Age: _____

Height (feet, inches): _____ (Total inches for BIA = (feet x 12) + inches: _____)

Weight (pounds): _____

Blood Pressure: Systolic _____ Diastolic _____

Saliva pH: _____

Zinc Taste Test: No Taste Taste

Daytime Core Temperature (97.6-99.6°F): _____

Bioelectric Impedance Analysis

Patient's Name: _____

Fat Mass - percent _____

Intracellular Water - percent _____

Phase Angle - degrees _____

Lean Body Mass - percent _____

Body Capacitance - pf _____

Total Body Water/Total Weight (TBW/Total Weight) _____

If Body Capacitance is not available, Resistance _____ Reactance _____

Other Tests

Basal Metabolic Test
(women: average of days 2 and 3, men: average 5 days) (degrees F) _____

Bacterial/Protozoal Index (mcg/mg creatinine) _____

Yeast/Fungal Index (mcg/mg creatinine) _____

Lipid Peroxides (mmols/mg creatinine) _____

Dihydroxyphenylpropionate (mcg/mg creatinine) _____

Indican ----- Neg Positive

Other Dysbiosis Test ----- Neg Positive

Other Bacterial Protozoal Test ----- Neg Positive

Other Yeast/Fungal Test ----- Neg Positive

Other Oxidation Test ----- Neg Positive

Other Hidden Microorganism Test ----- Neg Positive

Other Poor Fat Clearance Test ----- Neg Positive

Other Low Iron Test ----- Neg Positive

Other Low B12/Foic Acid Test ----- Neg Positive

Hearing Loss Average both ears (500Hz - 2,000 Hz in DB) _____

| **** BIOIMPEDANCE ANALYSIS **** | | |
|---------------------------------|----------|-------------------|
| Date: | 11/17/07 | Time: 03:13 pm |
| Patient: _____ | | |
| Sex: | Male | Height: 71.0 in |
| Age: | 43 | Weight: 184.0 lbs |
| MEASUREMENT RESULTS | | |
| Phase Angle: | | 6.9 ° |
| Body Capacitance: | | 720 pF |
| Resistance: | | 524.7 ohms |
| Reactance: | | 63.2 ohms |
| Mass Distribution | lbs | percent |
| Body Cell Mass: | 65.5 | 35.6 |
| Extracellular Mass: | 71.4 | 38.7 |
| Lean Body Mass: | 136.9 | 74.3 |
| Fat Mass: | 47.1 | 25.7 |
| Total Weight: | 184.0 | 100.0 |
| ECM/BCM: | 1.09 | |
| Body Mass Index: | 25.7 | |
| Basal Metabolic Rate: | 1934 | cal/s |
| Water Compartments | liters | percent |
| Intracellular Water: | 25.4 | 57.1 |
| Extracellular Water: | 19.1 | 42.9 |
| Total Body Water: | 44.5 | 100.0 |
| TBW/Lean Body Mass: | | 71.7 |
| TBW/Total Weight: | | 53.4 |

Read from this column

Urinalysis - Fresh Collection

Patient's Name: _____

Reference: Bayer Multistix 10 SG urine reagent strips

Appearance:

- Cloudy (Infection or too alkaline)
- Clear (Normal)

Color:

- Colorless (High water intake or anemia or bile deficiency)
- Yellow (Normal)
- Dark Yellow (Dehydration or antibiotics or Vitamin A, B supplements or fasting & high fever)
- Yellow-brown or Yellow-green (Bile pigments present or drugs)
- Red or Red-brown (Eating beets or hemoglobin present or medications)
- Orange-red or Orange-brown (Urobilinogen present or drugs)
- Dark-brown or Black (Melanins or tumors or iron/hemoglobin present)

Glucose (Positive indicates diabetes)

- Negative
- 100
- 250
- 500
- 1000
- 2000 or more

Bilirubin (Positive indicates liver dysfunction or biliary obstruction)

- Negative
- +
- ++
- +++

Ketones (Positive indicates fasting or carbohydrate starvation or vomiting or diabetes or diarrhea or diabetes or excessive alcohol use)

- Negative
- 5
- 15
- 40
- 80
- 160

Specific Gravity (Above 1.022 indicates renal dysfunction or dehydration)

- 1.000
- 1.005
- 1.010
- 1.015
- 1.020
- 1.025
- 1.030

Blood (Positive indicates menstruation or infection or strenuous exercise or renal dysfunction or exposure to excessive cold or drugs. Follow up with microscopic exam)

- Negative
- Trace
- Moderate
- Hemolyzed
- +
- ++
- +++

pH (Above 7 indicates metabolic alkalosis or infection or high alkaline ash diet. Below 5 indicates metabolic acidosis or high stress or excessive stimulants (caffeine, alcohol, drugs))

- 5.0
- 6.0
- 6.5
- 7.0
- 7.5
- 8.0
- 8.5

Protein (Above trace indicates renal dysfunction or excess protein in diet or strenuous exercise or emotional stress or high fever or exposure excessive to heat or cold)

- Negative
- Trace
- +
- ++
- +++
- ++++

Urobilinogen (Above 1 indicates hemolytic anemia or pernicious anemia or sickle cell anemia)

- 0.2
- 1
- 2
- 4
- 8

Nitrite (Positive indicates bacterial infection)

- Negative
- Positive

Leukocytes (Positive indicates infection or high Vitamin C intake)

- Negative
- Trace
- +
- ++
- +++

Reference: Bayer Multistix 10 SG urine reagent strips

Symptoms Questionnaire

Check all Symptoms and Questions Below That Apply - They should repeat regularly (daily, weekly, monthly)

Name _____

Today's date _____

Street _____ City _____

State _____ Zip _____

Phone number () _____

Number of Bowel Movements per week _____

- | | | |
|--|--|--|
| <input type="checkbox"/> 11. Get boils or sty's more than once per year | <input type="checkbox"/> 33. Sneezing | <input type="checkbox"/> 53. Use artificial sweeteners regularly |
| <input type="checkbox"/> 12. Throat infections more than once per year (sore throat) | <input type="checkbox"/> 34. Fatigue | <input type="checkbox"/> 54. Milk makes allergy symptoms worse |
| <input type="checkbox"/> 13. Cold sores, fever blisters more than once per year | <input type="checkbox"/> 35. Exposed to cigarette smoke | <input type="checkbox"/> 55. Pain in chest and left arm |
| <input type="checkbox"/> 14. Any infection with fever more than once per year | <input type="checkbox"/> 36. Exposed to mold | <input type="checkbox"/> 56. Calf muscles cramp while walking |
| <input type="checkbox"/> 15. Swollen lymph glands more than once per year | <input type="checkbox"/> 37. Sinus congestion | <input type="checkbox"/> 57. Heart palpitations |
| <input type="checkbox"/> 16. Ear infections more than once per year | <input type="checkbox"/> 38. Food allergies or sensitivities | <input type="checkbox"/> 58. Feel jittery |
| <input type="checkbox"/> 17. Slow to recover from cold or flu | <input type="checkbox"/> 39. Skin rashes | <input type="checkbox"/> 59. Irregular heart beats |
| <input type="checkbox"/> 18. Catch colds or flu easily | <input type="checkbox"/> 40. Entire body aches, painful to touch | <input type="checkbox"/> 60. Swelling of feet and ankles |
| <input type="checkbox"/> 19. Lacerations (cuts become infected easily) | <input type="checkbox"/> 41. Swollen joints | <input type="checkbox"/> 61. Fast heart beat |
| <input type="checkbox"/> 20. Itchy nose | <input type="checkbox"/> 42. Certain foods make you sick, nauseous, depressed, jittery | <input type="checkbox"/> 62. Exhaust with minor exertion |
| <input type="checkbox"/> 21. Itchy eyes | <input type="checkbox"/> 43. Painful stomach or intestine | <input type="checkbox"/> 63. Light-headedness |
| <input type="checkbox"/> 22. Itchy roof of mouth or throat | <input type="checkbox"/> 44. Alternating constipation and diarrhea | <input type="checkbox"/> 64. General weakness |
| <input type="checkbox"/> 23. Clear watery nasal discharge | <input type="checkbox"/> 45. Swollen or itchy tongue or mouth | <input type="checkbox"/> 65. Smoke cigarettes/tobacco |
| <input type="checkbox"/> 24. Headaches | <input type="checkbox"/> 46. Difficulty in swallowing | <input type="checkbox"/> 66. Chew tobacco |
| <input type="checkbox"/> 25. Mucous in the throat | <input type="checkbox"/> 47. Hyperactivity | <input type="checkbox"/> 67. More than 3 cups of coffee daily |
| <input type="checkbox"/> 26. Post nasal drip | <input type="checkbox"/> 48. Fatigue increases after eating | <input type="checkbox"/> 68. High daily stress level |
| <input type="checkbox"/> 27. Discharge from the eyes | <input type="checkbox"/> 49. Exposed to chemicals or radiation at work | <input type="checkbox"/> 69. Cold hands and feet |
| <input type="checkbox"/> 28. Puffiness under the eyes | <input type="checkbox"/> 50. Eat luncheon meats containing nitrates or nitrites | <input type="checkbox"/> 70. Tingling or burning in hands and feet |
| <input type="checkbox"/> 29. Ear discharge or stuffed up | <input type="checkbox"/> 51. Eat fruits and vegetables that contain pesticides | <input type="checkbox"/> 71. Numbness in extremities |
| <input type="checkbox"/> 30. Nasal congestion | <input type="checkbox"/> 52. Eat foods that contain monosodium glutamate (MSG) | <input type="checkbox"/> 72. Skin sores of the legs or feet |
| <input type="checkbox"/> 31. Running nose | | <input type="checkbox"/> 73. Spider veins on nose or face |
| <input type="checkbox"/> 32. Wheezing | | <input type="checkbox"/> 74. Ringing in ears |
| | | <input type="checkbox"/> 75. Poor concentration |
| | | <input type="checkbox"/> 76. Slurred speech |

- 77. Salt foods without tasting
- 78. Exercise regularly with low to moderate exertion
- 79. Exercise regularly with high exertion (Aerobics)
- 80. Vascular surgery
- 81. Chest pain without left arm pain
- 82. Tightness or pressure in the chest
- 83. Upper chest or neck itch
- 84. Chronic cough
- 85. Difficulty in breathing
- 86. Shortness of breath
- 87. Sensitive to smog / air pollution
- 88. Infections settle in lungs
- 89. Respiratory attacks that last hours to days
- 90. Bleeding gums or periodontal disease
- 91. Stomach pains after meals
- 92. Nausea
- 93. Dependency on antacids
- 94. Butterfly sensations in stomach
- 95. Difficulty in belching
- 96. Stomach pain when emotionally upset
- 97. Sudden, acute indigestion
- 98. Relief of stomach pain by drinking carbonated beverages
- 99. Relief of stomach pain by drinking cream or milk
- 100. History of ulcer or gastritis
- 101. Current ulcer or gastritis
- 102. Black stool while not taking iron supplements
- 103. Nervousness
- 104. White spots or lines on finger nails
- 105. Indigestion 1-3 hours after eating
- 106. Diarrhea
- 107. Roughage and fiber causes constipation
- 108. Mucous in the stools
- 109. Stool poorly formed
- 110. Shiny stool
- 111. Three or more large bowel movements daily
- 112. Foul smelling stool
- 113. Dry skin or dry hair
- 114. Pain in left side of rib cage
- 115. Acne
- 116. Difficulty gaining weight
- 117. Dizziness when standing suddenly
- 118. Loss of vision when standing suddenly
- 119. Crave sweets
- 120. Crave carbohydrates
- 121. Headaches relieved by eating sweets or alcohol
- 122. Impatient
- 123. Moody
- 124. Irritable if a meal is missed
- 125. Wake up in middle of the night craving sweets
- 126. Poor memory
- 127. Feel faint
- 128. Calmer after eating
- 129. Frequent urination
- 130. Night sweats
- 131. Increased thirst
- 132. Lowered resistance to wound infection
- 133. Leg sores
- 134. Poor wound healing
- 135. Feel energized from exercise
- 136. Failing eyesight
- 137. Crave sweets, but eating sweets does not relieve symptoms
- 138. Family history of diabetes
- 139. Glucose (sugar in urine)
- 140. Elevated blood glucose (sugar)
- 141. Toe and fingernail fungus
- 142. History of antibiotic use
- 143. Anemic or recent history of anemia
- 144. Itchy skin
- 145. Itchy between toes and fingers
- 146. Abdominal bloating
- 147. Intestinal gas
- 148. Chemical sensitivities
- 149. Depression
- 150. Crave sweets and yeast containing foods
- 151. Bladder and kidney infections
- 152. Dark colored stool
- 153. Do not eat high fiber foods daily
- 154. Less than 7 bowel movements per week
- 155. More than 2 bowel movements per day
- 156. Bowel movements are irregular
- 157. Abdominal pain on right or left side
- 158. Abdominal pain relieved by a bowel movement
- 159. Abdominal pain is triggered by eating
- 160. Yellowish conjunctiva (white part of the eyes)
- 161. Pain radiates along outside of leg

- 162. Intolerance to greasy foods
- 163. Headaches after eating
- 164. Dark urine
- 165. Light colored stool
- 166. Hard stool
- 167. Gray colored skin
- 168. Pain in right side under rib cage
- 169. Big toe painful
- 170. Don't eat regular balanced meals
- 171. Don't get enough to eat
- 172. More than 10 beers/week
- 173. More than 10 ounces of alcohol/week
- 174. Eat candy regularly
- 175. Drink soda pop regularly
- 176. Eat at fast food restaurants regularly
- 177. Eat fried foods regularly
- 178. Use refined sugars regularly
- 179. Diet often
- 180. Hair loss
- 181. Dry skin
- 182. Bones protrude
- 183. Don't use vitamins and minerals regularly
- 184. Use very large-doses of vitamins and/or minerals regularly
- 185. Neurological disorders
- 186. Sore or burning tongue
- 187. Lower back pains
- 188. Poor night vision
- 189. Confusion
- 190. Sore or sensitive gums
- 191. Leg pain or cramps
- 192. Pain in feet

- 193. Some alcohol use regularly
- 194. High stress levels effect stomach
- 195. Lack of appetite
- 196. Dizziness
- 197. Inflamed corners of the mouth
- 198. Steeply curved nails
- 199. Exposed to lead in the air or water
- 200. Sensitivity to light
- 201. Sensitive to the cold
- 202. Weight gain
- 203. Change in personality
- 204. Loss of temper or irritable
- 205. Enlarged neck
- 206. Trouble waking up in the morning
- 207. Low sex drive
- 208. Swollen (bulging eyes)
- 209. Warm, moist skin
- 210. Tremors
- 211. Increased activity
- 212. Increased appetite
- 213. Weight loss
- 214. Insomnia
- 215. Diffuse tanning on exposed and unexposed portions of the body
- 216. Black freckles over the forehead, face, neck, and shoulders
- 217. Mood swings
- 218. Dark circles under the eyes
- 219. Slender fingers and extremities
- 220. Purple streak or line on the abdomen
- 221. Kidney stones
- 222. Osteoporosis

- 223. Emotional disturbances
- 224. Simultaneous inflammation in multiple joints
- 225. Simultaneous pain in multiple joints
- 226. Stiffness lasting more than 30 minutes on arising in mornings
- 227. Stiffness lasting more than 30 minutes after prolonged activity
- 228. Deformation of joints
- 229. Joints lock with movement
- 230. Early afternoon sleepiness
- 231. Skin nodules
- 232. Deep aching pain in bones, particularly the back
- 233. Pain increases when weight is applied
- 234. Vertebrae crush fractures
- 235. Bone fractures
- 236. Bones fracture easily
- 237. Pain in the extremities
- 238. Burning sensation in the extremities
- 239. Weakness in the extremities
- 240. Frequent tooth decay
- 242. Throbbing pain on one side or front and rear of head
- 243. Headache preceded by a short period of depression, irritability, or restlessness
- 244. Headache preceded by visual flashing zig-zag lines
- 245. Headache preceded by other visual disturbances
- 246. Visual disturbances disappear shortly after headache begins

- 247. Nausea associated with headache
- 248. Sensitive to light, especially during headache
- 249. Sensitive to noise, especially during headache
- 250. Extremities are cold before and during headache
- 251. Family history of migraine
- 252. Difficulty with speech before headache
- 253. Intensity of headache increases when lying down
- 254. Often prefer seclusion
- 255. Frequent urinary infections
- 256. Rarely need to urinate
- 257. Urinate when you cough or sneeze
- 258. Painful or burning urination
- 259. Difficult urination's
- 260. Dripping after urination
- 261. Cannot hold urine
- 262. Rose colored (bloody urine)
- 263. Cloudy urine
- 264. Strong smelling urine
- 265. Back or leg pains associated with dripping after urination
- 266. History of kidney or bladder infections
- 267. Back pain in the kidney area
- 268. General water retention

(For males)

- 269. A sense of bladder fullness
- 270. Increased straining with smaller and smaller amounts of urine
- 271. Wake up at night to urinate
- 272. Pain or fatigue in the legs or back
- 273. Ejaculation causes pain
- 274. Difficulty attaining and/or maintaining an erection
- 275. Premature ejaculation
- 276. Pain/coldness in genital area
- 277. Infertile
- 278. Varicose veins on scrotum
- 279. Low sperm count
- 280. History of venereal disease

(For females)

- 281. Vaginal yeast infections
- 282. History of oral birth control
- 283. Heavy menstrual flow
- 284. Prolonged menstruation
- 285. Short menstruation
- 286. Menstrual irregularities
- 287. Monthly weight gain
- 288. Moodiness and irritability before menstruation
- 289. Change in appetite before menstruation
- 290. Suicidal feeling before menstruation
- 291. Anxiety or anger before menstruation
- 292. Breast fullness and pain before menstruation
- 293. Leg cramps and tenderness before menstruation

- 294. Asthma attacks before menstruation
- 295. Bruise easily before menstruation
- 296. Respiratory allergies worsen before menstruation
- 297. Visual disturbances worsen before menstruation
- 298. Dull ache radiating to low back or legs
- 299. Abdominal pains subside after several days
- 300. Pelvic soreness
- 301. Have to lie down on first or second days of period
- 302. Clots are expelled during menstruation
- 303. Hot flashes
- 305. Hysterectomy or Menopause
- 306. Heavy bleeding two weeks/month
- 307. Sweating throughout the day
- 308. Dryness of skin, hair, and vagina
- 309. Painful intercourse
- 310. Vaginal pain
- 311. Vaginal itching

(For males and females)

- 312. Drug / Medication addiction
- 313. Must repeat actions constantly
- 314. Making decisions is difficult
- 315. Constant flow of speech
- 316. Obsessed fear of danger

List present medications: