



Metabolic Testing

Thank you for your interest in Metabolic Typing. This process is divided into two phases. Our testing is performed on a strict time schedule, so please be on time. If you need to cancel for any reason, please call 24 hours prior to the appointment.

PHASE 1

The following reminders will help make your visit go more smoothly.

*Do not eat or drink anything (including tea, coffee or juice) except water for ten to twelve hours before your appointment; try to restrict water intake to 16 ounces in the two hours immediately prior to your appointment; however, be prepared to give us a sample of urine and saliva upon arrival; please do not chew gum. Tooth brushing is fine.

*Do not take any supplements. Please take any needed prescription medications.

*Fill out the Questionnaire completely prior to your appointment or bring it with you to fill out.

*Use the provided blank page with the questionnaire to write down an example of a current daily diet, or everything that you've eaten and drank in the last 24 hours.

*Eat your customary diet the week before your appointment.

*We will be performing several different tests, in four cycles, during your visit. Expect to be here approximately 2-2 ½ hours (diabetics have an abbreviated test with a different formula-usually 1/5 to 2 hours). You may want to bring a book or something to do between cycles. Cell phones are okay.

*The cost for this phase is \$216.00. This is billable to your insurance. Please make sure that we have your current insurance information available.

PHASE 2

*Cathy Giessel, ANP will analyze your test results within the next week or two.

*Make a 1 hour appointment with Cathy Giessel, ANP to discuss the test results and her recommendations. Bringing your medications/supplements to this appointment can be helpful. You will be given a program of foods and supplements to help correct any imbalances.

*There is a separate charge for this office visit. There is not generally enough time in this appointment to address other medical concerns, so please schedule a separate appointment if you have other concerns to discuss. This appointment is also billable to your insurance.

Questionnaire

*Circle the TRUE and FALSE answer that best describes you. Please answer all questions to the best of your ability

*Neither choice may fit you exactly, but try to choose the one that comes closest to describing your tendencies.

*When responding to a statement phrased in the negative (i.e. "Fruits generally do not agree with me"), a TRUE answer would mean that you agree with the statement (i.e. "Yes, it is true that fruits do not agree with me"); a FALSE answer would mean that you disagree with the statement ("Fruits do agree with me").

Name _____ Date _____

Address _____

City _____ State _____ Zip _____

Phone _____ Cell/Fax _____ Email _____

Sex _____ Age _____ Height _____ Weight _____

PART ONE

- | | | |
|--|------|-------|
| 1. Appetite at breakfast is strong | TRUE | FALSE |
| 2. Appetite at lunch is strong | TRUE | FALSE |
| 3. Appetite at dinner is strong | TRUE | FALSE |
| 4. Eating before bedtime improves my sleep | TRUE | FALSE |
| 5. I live to eat not to subsist | TRUE | FALSE |
| 6. Often I get hungry between meals | TRUE | FALSE |
| 7. Fruits generally do not agree with me | TRUE | FALSE |
| 8. Fasting makes me feel awful | TRUE | FALSE |
| 9. I crave salt | TRUE | FALSE |
| 10. Orange juice in the morning does not agree with me | TRUE | FALSE |
| 11. A meal heavy with fat agrees with me | TRUE | FALSE |
| 12. Going without food for 4 hours is uncomfortable | TRUE | FALSE |
| 13. I do not care for sweet desserts | TRUE | FALSE |
| 14. Vegetarian meals are not satisfactory to me | TRUE | FALSE |
| 15. Meat or fish for breakfast makes me more energetic | TRUE | FALSE |
| 16. Meat or fish for lunch makes me more energetic | TRUE | FALSE |
| 17. Meat or fish for dinner makes me more energetic | TRUE | FALSE |
| 18. Eating meats or fatty foods restores my energy | TRUE | FALSE |

TOTAL _____

PART TWO

1. I tend to cough occasionally or a lot	TRUE	FALSE
2. My ear color is red or pink	TRUE	FALSE
3. I seem to have good digestion	TRUE	FALSE
4. My eyes tend to be moist	TRUE	FALSE
5. My hands and feet tend to be warm	TRUE	FALSE
6. Cuts heal quickly	TRUE	FALSE
7. Strong bright light does not bother me	TRUE	FALSE
8. My nose tends toward being moist	TRUE	FALSE
9. I rarely get goose bumps	TRUE	FALSE
10. My skin tends toward oily and moist	TRUE	FALSE
11. I urinate large volumes daily	TRUE	FALSE
12. I need to urinate often during the day	TRUE	FALSE
13. I cannot hold urine for long periods of time	TRUE	FALSE
14. I react strongly to stings and insect bites	TRUE	FALSE

TOTAL _____

PART THREE

1. I accommodate easily and tend to give in	TRUE	FALSE
2. I am passive about achievements	TRUE	FALSE
3. My activity level is sedentary, inactive or sluggish	TRUE	FALSE
4. I easily show affection	TRUE	FALSE
5. I am not very ambitious	TRUE	FALSE
6. I am slow to anger	TRUE	FALSE
7. I like to get to bed later and get up late	TRUE	FALSE
8. I am not a detail oriented person	TRUE	FALSE
9. I prefer not to take responsibility	TRUE	FALSE
10. I am careful, cautious, and reserved	TRUE	FALSE
11. Challenges are not important to me	TRUE	FALSE
12. I prefer cooler and colder weather	TRUE	FALSE
13. I tend not to be competitive	TRUE	FALSE
14. I have poor concentration	TRUE	FALSE
15. I am bothered by confrontation	TRUE	FALSE
16. I react poorly to criticism	TRUE	FALSE
17. I do not like decision making	TRUE	FALSE
18. I am not punctual	TRUE	FALSE
19. I would rather give in than argue	TRUE	FALSE
20. I often get drowsy	TRUE	FALSE
21. I have good endurance	TRUE	FALSE
22. I have even steady energy patterns.	TRUE	FALSE

23. I am not efficient in my daily tasks	TRUE	FALSE
24. I can easily express emotions	TRUE	FALSE
25. It is hard to put thoughts into words	TRUE	FALSE
26. I do not care to exercise	TRUE	FALSE
27. I am not goal oriented	TRUE	FALSE
28. I am easily hurt by harsh words	TRUE	FALSE
29. I make friends easily	TRUE	FALSE
30. I love eating and socializing	TRUE	FALSE
31. I rarely get impatient	TRUE	FALSE
32. I tend to have a low level of outside interests	TRUE	FALSE
33. I do not tend to make lists of thing to do	TRUE	FALSE
34. Leaving loose ends does not bother me	TRUE	FALSE
35. I tend to have low drive and motivation	TRUE	FALSE
36. I am rarely or never obsessive	TRUE	FALSE
37. I tend to be somewhat disorganized	TRUE	FALSE
38. I am a feeling intuitive person	TRUE	FALSE
39. My pace of living and working is low	TRUE	FALSE
40. I tend not to be concerned with perfection	TRUE	FALSE
41. I am an easy-to-please sort of person	TRUE	FALSE
42. My personality is warm and sociable	TRUE	FALSE
43. I often procrastinate	TRUE	FALSE
44. I am slow at completing tasks	TRUE	FALSE
45. I respond slowly to emotional reactions	TRUE	FALSE
46. I do not like to have routines	TRUE	FALSE
47. I generally like a little more sleep than average	TRUE	FALSE
48. I am easy-going and I am very sociable	TRUE	FALSE
49. I enjoy lots of friends and social interactions	TRUE	FALSE
50. Stress makes me depressed and to seek comfort	TRUE	FALSE
51. I have a cool, calm, collected temperament	TRUE	FALSE
52. My tendency is easy-going and laid back	TRUE	FALSE
53. My thought reaction time is slow	TRUE	FALSE
54. I am trusting by nature	TRUE	FALSE
55. I am more family and friend oriented, not a workaholic	TRUE	FALSE
56. I am prone to worry about things	TRUE	FALSE

TOTAL _____

Part One Totals	FALSE	TRUE
Part Two Totals	FALSE	TRUE
Part Three Totals	FALSE	TRUE

Diet Record

Name _____ Date _____

Breakfast(3-4 different options; note if they tend to skip breakfast)

Time:

Notes:

Food cravings?

Snack

Time:

Sweet tooth?

Lunch (2-4 different options, note if they tend to skip lunch)

Time:

Food allergies?

Snack

Time:

Often hungry?

Dinner (3-4 different options; note if they tend to skip dinner)

Time:

Dessert/Snack

Time:

Beverages (Record number of glasses/cups consumed per day)

Water

Coffee

Tea

Alcohol

Juice