

# FoodPharmacy™ Patient Intake Form

\*Practitioner Name: \_\_\_\_\_ Date: \_\_\_\_\_

\*Patient Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_ Gender: M F DOB: \_\_\_\_\_

\* Indicates required data (Gender and DOB required only for Calorie Calculations)

## Measurements for Calorie Calculations (not recommended on first patient visit or for children & infants)

\*Height (barefoot): \_\_\_\_\_ \*Weight (clothed): \_\_\_\_\_ \*Wrist (circumference of dominant hand at wrist folds): \_\_\_\_\_

### \*Activity Level (check only one)

- Sedentary (little or no exercise, desk job or bed ridden)
- Light Activity (light exercise – sports 1 to 3 days per week)
- Moderate Activity (moderate exercise – sports 3 to 5 days per week)
- Very Active (hard exercise – sports 6 to 7 days per week)
- Extra Active (hard daily exercise – sports and physical job)

Lean Body Mass or Percent Body Fat (if known): \_\_\_\_\_

### Current Health Factors

#### Surgery (recent only – check only one)

- Minor
- Major

#### Infection (current – check only one)

- Mild
- Moderate
- Severe

#### Trauma (current only)

- Muscular/Skeletal (sprains, fractures, etc.)

\* indicates required data for calorie calculations (all other data recommended)  Pregnancy (Trimester: 1 2 3 )

**-- ONLY MAKE SELECTIONS YOU ARE CERTAIN OF --**

### Food Component Reactions

- Amines
- Citrus Fruits
- Dairy (casein & lactose)
- Eggs
- Glutamates
- Gluten & Gliadin
- Salicylates
- Shellfish
- Soy
- Sulfites
- Theobromine
- Yeast

### Toxins and Junk Food

- Alcohol
- Caffeine
- Carcinogens & Toxins
- Fluoride/Chlorine
- Harmful Fats
- Mercury Contaminated Foods
- Non-food Items (synthetics)
- Pesticides (for organic diets)
- Refined sugars

### Blood Type Allergens (use only if you wish to predict probable food allergies prior to actual testing)

Circle patient's blood type : O A<sub>1</sub> A<sub>2</sub> B A<sub>1</sub>B A<sub>2</sub>B Rh negative

### Blood Type Lectin Reactions (use only if you understand the affect of lectin reactions)

Circle patient's blood type : O A B AB

### Vegetarian Intolerances (check to remove from diet)

- Red Meat
- Poultry
- Fish and Seafood
- Dairy Foods
- Eggs and Egg Products

### Ethnic Intolerances

- Non-Hindu Foods
- Non-Kosher Foods
- Non-Muslim Foods

### Organs and Systems Needing Support (check all that apply)

- Adrenals
- Bladder
- Bones
- Brain/Nerves (CNS)
- Bronchi
- Ears (hearing)
- Eyes (vision)
- Female Reproductive Organs
- Gallbladder
- Gums/Teeth
- Hair/Scalp
- Heart
- Intestines (GI tract)
- Joints
- Kidneys
- Liver
- Lungs
- Lymphatic
- Male Reproductive Organs
- Mammary Glands/Breasts
- Muscles
- Nails
- Pancreas
- Pituitary Gland
- Prostate
- Skin
- Spine
- Thymus
- Thyroid
- Uterus
- Veins/Arteries

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

## Conditions and Complaints

-- SELECT ONLY THE MOST SIGNIFICANT ISSUES AND CIRCLE THE SINGLE WORST PROBLEM --

- |  |   |   |  |
|--|---|---|--|
| <input type="checkbox"/> Acne (vulgaris)                 | <input type="checkbox"/> Depression                   | <input type="checkbox"/> Hyperthyroidism              | <input type="checkbox"/> Obesity                       |
| <input type="checkbox"/> Adrenal Hyper-function          | <input type="checkbox"/> Dermatitis                   | <input type="checkbox"/> Hypochlorhydria              | <input type="checkbox"/> Osteoarthritis                |
| <input type="checkbox"/> Adrenal Hypo-function           | <input type="checkbox"/> Detoxification Support       | <input type="checkbox"/> Hypoglycemia                 | <input type="checkbox"/> Osteoporosis                  |
| <input type="checkbox"/> AIDS or HIV                     | <input type="checkbox"/> Diabetes (type I)            | <input type="checkbox"/> Hypotension                  | <input type="checkbox"/> Pain (musculoskeletal)        |
| <input type="checkbox"/> Alcoholism                      | <input type="checkbox"/> Diabetes (type II)           | <input type="checkbox"/> Hypothyroidism               | <input type="checkbox"/> Pancreatitis                  |
| <input type="checkbox"/> Alzheimer's Disease             | <input type="checkbox"/> Diarrhea                     | <input type="checkbox"/> Idiopathic Thrombo. Purpura  | <input type="checkbox"/> Panic Disorder                |
| <input type="checkbox"/> Amenorrhea                      | <input type="checkbox"/> Diverticulosis               | <input type="checkbox"/> Ileitis                      | <input type="checkbox"/> Parasthesia                   |
| <input type="checkbox"/> Anemia (macro & microcytic)     | <input type="checkbox"/> Drug Addiction               | <input type="checkbox"/> Ileocecal Valve Dysfunction  | <input type="checkbox"/> Parkinson's Disease           |
| <input type="checkbox"/> Angina Pectoris                 | <input type="checkbox"/> Dry Eyes (Sjögren's synd.)   | <input type="checkbox"/> Immune Deficiency            | <input type="checkbox"/> PCOS                          |
| <input type="checkbox"/> Anxiety                         | <input type="checkbox"/> Dry Skin                     | <input type="checkbox"/> Impotence (male)             | <input type="checkbox"/> Peptic/Duodenal Ulcer         |
| <input type="checkbox"/> Appetite Excessive              | <input type="checkbox"/> Dysmenorrhea                 | <input type="checkbox"/> Incontinence                 | <input type="checkbox"/> Periodontal Disease           |
| <input type="checkbox"/> Appetite Reduced                | <input type="checkbox"/> Dyspepsia (indigestion)      | <input type="checkbox"/> Infection (bacterial)        | <input type="checkbox"/> Phlebitis                     |
| <input type="checkbox"/> Arteriosclerosis                | <input type="checkbox"/> Ear Infections               | <input type="checkbox"/> Infection (parasitic)        | <input type="checkbox"/> Phobias                       |
| <input type="checkbox"/> Asthma                          | <input type="checkbox"/> Eczema                       | <input type="checkbox"/> Infection (prostate)         | <input type="checkbox"/> Pituitary Dysfunction         |
| <input type="checkbox"/> Atherosclerosis                 | <input type="checkbox"/> Edema                        | <input type="checkbox"/> Infection (respiratory)      | <input type="checkbox"/> PMS (premenstrual syndrome)   |
| <input type="checkbox"/> Attention Deficit Disorder      | <input type="checkbox"/> Emphysema                    | <input type="checkbox"/> Infection (sinus)            | <input type="checkbox"/> Pneumonia                     |
| <input type="checkbox"/> Autism                          | <input type="checkbox"/> Endometriosis                | <input type="checkbox"/> Infection (urinary)          | <input type="checkbox"/> Polycythemia (secondary)      |
| <input type="checkbox"/> Bell's Palsy                    | <input type="checkbox"/> Enuresis (bed wetting)       | <input type="checkbox"/> Infection (viral)            | <input type="checkbox"/> Pregnancy (general support)   |
| <input type="checkbox"/> Benign Prostatic Hyperplasia    | <input type="checkbox"/> Epilepsy (seizure disorders) | <input type="checkbox"/> Infection (yeast/fungal)     | <input type="checkbox"/> Pregnancy & Yeast Infection   |
| <input type="checkbox"/> Biliary Insufficiency           | <input type="checkbox"/> Epstein Barr Virus (EBV)     | <input type="checkbox"/> Infertility (female)         | <input type="checkbox"/> Psoriasis                     |
| <input type="checkbox"/> Biliary Stasis                  | <input type="checkbox"/> Fever                        | <input type="checkbox"/> Infertility (male)           | <input type="checkbox"/> Purpura Simplex               |
| <input type="checkbox"/> Bipolar Disorder                | <input type="checkbox"/> Fibrocystic Breast Disease   | <input type="checkbox"/> Inflammation (general)       | <input type="checkbox"/> Radiation Therapy Support     |
| <input type="checkbox"/> Bleeding Gums                   | <input type="checkbox"/> Fibromyalgia                 | <input type="checkbox"/> Inflammation (vascular)      | <input type="checkbox"/> Raynaud's Disease             |
| <input type="checkbox"/> Body Odor                       | <input type="checkbox"/> Flatulence                   | <input type="checkbox"/> Influenza (flu)              | <input type="checkbox"/> Reduced Circulation           |
| <input type="checkbox"/> Bone Spurs                      | <input type="checkbox"/> Fractures                    | <input type="checkbox"/> Insomnia                     | <input type="checkbox"/> Rhinovirus (common cold)      |
| <input type="checkbox"/> Bradycardia                     | <input type="checkbox"/> Gallbladder Dysfunction      | <input type="checkbox"/> Interstitial Cystitis        | <input type="checkbox"/> Rheumatoid Arthritis          |
| <input type="checkbox"/> Bronchitis                      | <input type="checkbox"/> Gallstones                   | <input type="checkbox"/> Irritable Bowel Syndrome     | <input type="checkbox"/> Rhinovirus (common cold)      |
| <input type="checkbox"/> Bruxism                         | <input type="checkbox"/> GERD                         | <input type="checkbox"/> Joint Pain                   | <input type="checkbox"/> Schizophrenia                 |
| <input type="checkbox"/> Burning Feet                    | <input type="checkbox"/> Glaucoma                     | <input type="checkbox"/> Kidney Stones                | <input type="checkbox"/> Sciatica                      |
| <input type="checkbox"/> Burns (1st, 2nd, 3rd degree)    | <input type="checkbox"/> Goiter                       | <input type="checkbox"/> Lactose Intolerance          | <input type="checkbox"/> Scleroderma                   |
| <input type="checkbox"/> Bursitis                        | <input type="checkbox"/> Gout                         | <input type="checkbox"/> Liver-Colon Detoxification   | <input type="checkbox"/> Seborrhea                     |
| <input type="checkbox"/> Cancer (prevention)             | <input type="checkbox"/> Grave's Disease              | <input type="checkbox"/> Low Cholesterol (HDL)        | <input type="checkbox"/> Sex Drive Diminished (female) |
| <input type="checkbox"/> Canker Sores                    | <input type="checkbox"/> Halitosis                    | <input type="checkbox"/> Lung Problems (non-specific) | <input type="checkbox"/> Sex Drive Diminished (male)   |
| <input type="checkbox"/> Cardiac Arrhythmia              | <input type="checkbox"/> Hashimoto's Disease          | <input type="checkbox"/> Lupus                        | <input type="checkbox"/> Skin Rashes                   |
| <input type="checkbox"/> Cataracts                       | <input type="checkbox"/> Headaches (non-migraine)     | <input type="checkbox"/> Lyme Disease                 | <input type="checkbox"/> Sperm Count Reduced           |
| <input type="checkbox"/> Celiac Disease (sprue)          | <input type="checkbox"/> Heal Spurs                   | <input type="checkbox"/> Macular Degeneration         | <input type="checkbox"/> Stroke (recovery support)     |
| <input type="checkbox"/> Chemotherapy Support            | <input type="checkbox"/> Heavy Metal Toxicity         | <input type="checkbox"/> Manic Depression             | <input type="checkbox"/> Sulfite Allergy-Sensitivity   |
| <input type="checkbox"/> Cervical Dysplasia              | <input type="checkbox"/> Hemachromatosis              | <input type="checkbox"/> Measles                      | <input type="checkbox"/> Surgery Support (pre & post)  |
| <input type="checkbox"/> Chicken Pox                     | <input type="checkbox"/> Hemophilia                   | <input type="checkbox"/> Meniere's Disease            | <input type="checkbox"/> Tachycardia                   |
| <input type="checkbox"/> Cholesterol Decreased (total)   | <input type="checkbox"/> Hemorrhoids                  | <input type="checkbox"/> Menorrhagia                  | <input type="checkbox"/> Tendonitis                    |
| <input type="checkbox"/> Cholesterol Elevated (total)    | <input type="checkbox"/> Hepatic Cirrhosis            | <input type="checkbox"/> Menstrual Cramps             | <input type="checkbox"/> Thrombophlebitis              |
| <input type="checkbox"/> Chronic Fatigue Syndrome        | <input type="checkbox"/> Hepatic Disease Support      | <input type="checkbox"/> Metabolic Syndrome           | <input type="checkbox"/> Tinea (ringworm)              |
| <input type="checkbox"/> Colic (mother's & child's diet) | <input type="checkbox"/> Hepatitis                    | <input type="checkbox"/> Migraine Headache            | <input type="checkbox"/> Tinnitus                      |
| <input type="checkbox"/> Congestive Heart Failure        | <input type="checkbox"/> Herpes Simplex (HSV-1)       | <input type="checkbox"/> Mitral Valve Prolapse        | <input type="checkbox"/> Trigeminal Neuralgia          |
| <input type="checkbox"/> Constipation                    | <input type="checkbox"/> Herpes Zoster (HSV-2)        | <input type="checkbox"/> Mononucleosis                | <input type="checkbox"/> Tuberculosis (TB)             |
| <input type="checkbox"/> COPD                            | <input type="checkbox"/> Hiatal Hernia                | <input type="checkbox"/> Mucous (allergy related)     | <input type="checkbox"/> Ulcerative Colitis            |
| <input type="checkbox"/> Copper toxicity                 | <input type="checkbox"/> High Cholesterol (LDL)       | <input type="checkbox"/> Mucous (respiratory/sinus)   | <input type="checkbox"/> Urticaria (hives)             |
| <input type="checkbox"/> Coronary Artery Disease         | <input type="checkbox"/> High Triglycerides           | <input type="checkbox"/> Multiple Sclerosis (MS)      | <input type="checkbox"/> Uterine Fibroids              |
| <input type="checkbox"/> Crohn's Disease                 | <input type="checkbox"/> Homocysteine Elevated        | <input type="checkbox"/> Mumps                        | <input type="checkbox"/> Varicose Veins                |
| <input type="checkbox"/> Cystic Fibrosis                 | <input type="checkbox"/> Hot Flashes (menopausal)     | <input type="checkbox"/> Muscular Dystrophy           | <input type="checkbox"/> Vertigo                       |
| <input type="checkbox"/> Cytomegalovirus (CMV)           | <input type="checkbox"/> Hyperglycemia                | <input type="checkbox"/> Myasthenia Gravis            | <input type="checkbox"/> Vitiligo                      |
| <input type="checkbox"/> Degenerative Joint Disease      | <input type="checkbox"/> Hyperkinesia                 | <input type="checkbox"/> Nausea                       | <input type="checkbox"/> Wilson's Syndrome             |
| <input type="checkbox"/> Dental Caries (cavities)        | <input type="checkbox"/> Hypertension                 | <input type="checkbox"/> Nausea (during pregnancy)    | <input type="checkbox"/> Xerophthalmia                 |

INCREASE ▼ REDUCE ▼ RESTRICT ▼	Patient Name: _____ Date: _____  <p style="text-align: center;"><b>CHECK NO MORE THAN ONE BOX PER ITEM AND ONLY SELECT ITEMS YOU ARE CERTAIN ABOUT</b></p>	
<b>MACRONUTRIENTS -</b> <b>Standard Nutritional Options</b> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> High protein foods <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> High carbohydrate foods <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> High calorie foods <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> High fiber foods <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> High water content foods <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Acid ash foods <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Alkaline ash foods <b>Advanced Nutritional Options</b> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> High glycemic load foods <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Medium glycemic load foods <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> High purine protein foods <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Medium purine protein foods <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Low purine protein foods <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Oxalic acid containing foods <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Phytic acid containing foods <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Thyroid suppressing foods <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Phytoestrogenic foods <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> High fructose foods <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> High ORAC foods <b>MICRONUTRIENTS -</b> <b>Vitamins &amp; Associated Nutrients</b> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Biotin <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Choline <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Flavonoids <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Foliates <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Inositol <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Lycopene <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> PABA <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Provitamin A (retinol) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Vitamin A (carotenoids) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Vitamin B1 (thiamine) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Vitamin B2 (riboflavin) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Vitamin B3 (niacin) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Vitamin B5 (pantothenic acid) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Vitamin B6 (pyridoxine) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Vitamin B12 (cobalamin) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Vitamin C (ascorbic acid) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Vitamin D (calciferol) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Vitamin E (tocopherol) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Vitamin K (pylloquinone) <b>Minerals</b> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Boron (B) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Calcium (Ca) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Chromium (Cr) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Copper (Cu)	<b>Minerals (continued)</b> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Germanium (Ge) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Iodine (I) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Iron (Fe) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Magnesium (Mg) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Manganese (Mn) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Molybdenum (Mo) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Phosphorus (P) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Potassium (K) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Selenium (Se) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Sodium (Na) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Sulfur (S) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Vanadium (V) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Zinc (Zn) <b>AMINO ACIDS -</b> <b>Essential</b> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Histidine <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Isoleucine <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Leucine <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Lysine <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Methionine <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Phenylalanine <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Threonine <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Tryptophan <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Valine <b>Non-essential</b> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Alanine <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Arginine <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Aspartic acid <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Cysteine <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Glutamic acid <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Glycine <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Proline <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Serine <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Tyrosine <b>FATTY ACIDS -</b> <b>General Fatty Acid Options</b> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> High omega 3 foods <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> High omega 6 foods <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> High omega 9 foods <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> High monounsaturated fats <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> High polyunsaturated fats <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> High saturated fats <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> High total fat content foods <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> High cholesterol foods <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> High phytosterol foods	<b>Omega 3 Fatty Acids (specific types)</b> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Alpha-linolenic (ALA) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Docosapentaenoic (DPA) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Docosahexaenoic (DHA) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Eicosapentaenoic (EPA) <b>Omega 6 Fatty Acids (specific types)</b> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Linoleic (LA) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Gamma-linolenic (GLA) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Arachidonic (AA) <b>Omega 9 Fatty Acids (specific types)</b> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Oleic <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Tetracosenoic <b>Saturated Fatty Acids (specific types)</b> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Lauric <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Myristic <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Palmitic <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Stearic <b>DIET THERAPIES -</b> <b>Metabolic Type® (select only one)</b> <input type="checkbox"/> Parasympathetic Dominant <input type="checkbox"/> Sympathetic Dominant <input type="checkbox"/> Balanced Dominant <input type="checkbox"/> Fast Oxidation Dominant <input type="checkbox"/> Slow Oxidation Dominant <input type="checkbox"/> Mixed Dominant <b>Metabolic Modifiers (select only one)</b> <input type="checkbox"/> Dyaerobic imbalance (catabolic excess) <input type="checkbox"/> Anaerobic imbalance (anabolic excess) <b>Endocrine Type (select only one)</b> <input type="checkbox"/> Ovarian (gonadal) Dominant <input type="checkbox"/> Adrenal Dominant <input type="checkbox"/> Thyroid Dominant <input type="checkbox"/> Pituitary Dominant <b>Ayurvedic Type (select only one)</b> <input type="checkbox"/> Vata <input type="checkbox"/> Vata-Pitta <input type="checkbox"/> Vata-Kapha <input type="checkbox"/> Pitta <input type="checkbox"/> Pitta-Vata <input type="checkbox"/> Pitta-Kapha <input type="checkbox"/> Kapha <input type="checkbox"/> Kapha-Vata <input type="checkbox"/> Kapha-Pitta <b>TCM Food Qualities (multiple options)</b> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Sour foods <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Bitter foods <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Sweet foods <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Pungent foods <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Salty foods <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Warming foods <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Cooling foods
<b>NOTES</b>    		