

Patient follow-up form

Name:.....

Date:...../...../.....

<p>Presenting symptoms</p>	<p>What?</p> <p>1.</p> <p>2.</p> <p>3.</p> <p>Is there anything that has improved since last apt?</p> <p>Is there anything that has got worse since last apt?</p>
<p>Energy</p>	<p>Grade 1 – 10 (1 being worst)</p>
<p>Sleep</p>	<p>Better since last apt?</p> <p>Worse since last apt?</p>
<p>Digestion</p>	<p>Better since last apt?</p> <p>Worse since last apt?</p> <p>If worse, what are the issues, how long have they been around?</p> <p>Anything make them better?</p>
<p>What supplements are you currently taking?</p>	

Other – anything new/ Comments?	