

Return Visit Case Record - Naturopathy

Client #: Age: 19 Visit #: Last visit date: Date: 27/09/2023

Client name: Zoe Robertson

Supervisor name:

Student name: Tiana Quaife

Student #:

Risks update:

Diagnosed medical conditions update

Allergies/Intolerances

☐

Pregnancy

☐

Lactation

☐

Medical Devices

☐

Medications / Supplements Update

(Has the client stopped/started any new medication or supplements OR changed dosages?)

Drug Name & Class / Supp Brand & Name (including the OCP)	Dose (how much & how often)	Reason for Taking (condition, Prescribed by whom/self-prescribed)	Duration of TX (since when)	Result (effectiveness)

Questions

Some time should have been spent devising a plan for the return visit. It is important NOT to ask the client to repeat information already provided. Look at the end of the most recent visit record for any planned follow up questions. Focus on questions that need to be asked to *extend* your understanding? What questions were missed in previous case taking? Remember to remain client-centred. LISTEN and be flexible in your approach.

You may like to structure questioning or evaluation around the following:

1. Ask the client questions to evaluate remedies/advice provided in the previous consultation:

- Were you able to implement any changes that were recommended?
- Did you have any problems taking the remedies or the required doses?
- How much is left in the herb bottle/tablets/powder?
- Have you noticed any changes to your condition or in general? (refer to original symptom picture)

2. RE-EXAMINE TREATMENT AIMS

- Should there be changes to the original symptom picture by now? If so, what? And has this happened
- What specific outcomes (if any) have been achieved?
- Is the client heading in the right direction? Do they need more time or more information?
- Are the previous treatment aims still relevant?
- Does the client have any new symptoms/changes that need to be considered?
- Have their goals changed? Review short AND long-term goals.

*Please note - if the client is returning to clinic after more than 6 months of absence, or is presenting with a different complaint or request for treatment, complete a New/Initial Case Record Form.

Answers

(Use this area to record the client's response to your questions)

Sickness

Got sick once in July. Went to the doctor and it was just an upper respiratory cold. Recovered within a week.

Cold sore once & ulcer - stress from finishing assignments

Sleep

Going to bed around midnight

Doctors appointment next week - losing pigment in skin vitiligo?

Older brother might have it

End of tablets and powder

LOCDCCTTRAP

(Review key points of original issue/complaint)

Issue/Symptom:	Update:

System/s Review

(Check systems that need questioning or review)

System:	Tick:	Notes:
CNS	<input type="checkbox"/>	
GIT	<input type="checkbox"/>	
ENT/Respiratory	<input type="checkbox"/>	
Immune	<input type="checkbox"/>	
Cardiovascular	<input type="checkbox"/>	
MSK	<input type="checkbox"/>	
Genitourinary	<input type="checkbox"/>	
Reproductive	<input type="checkbox"/>	
Endocrine	<input type="checkbox"/>	

Review Other

System:	Tick:	Notes:
Hair/Skin/Nails/ Oral Health	<input type="checkbox"/>	
Vitality/Energy	<input type="checkbox"/>	
Referral/Tests	<input type="checkbox"/>	

Diet

(Complete this section ONLY if this information was not obtained i the previous consultation OR if the client has made significant changes)

Main changes in diet since last visit?

24hr Recall / Typical Day's Diet

Breakfast:	(am)	
Snacks:	(am)	
Lunch:	(am/pm)	
Snacks:	(pm)	
Dinner:	(pm)	
Snacks:	(pm)	

Food Frequency (e.g. 3/7, 1/30 AND number of serves)

Animal
(Meat, Fish, Eggs)

Dairy
(Milk products,
Butter/Spreads)

Soy
(Soy products incl. soy proteins/isolates)

Legumes	Fruit	Vegetables
Nuts & Seeds	Grains/Cereals	Fats/Oils
		Treats/Fast Food

Fluids:
(Water/Coffee/Tea/Herbal Tea/Soft Drinks/Energy Drinks/Milk Drinks/Other Fluids/Alcohol)

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Likes/Dislikes

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Cravings

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Eating Habits
(e.g. chewing, eating on the run)

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Vitality / Fresh vs Processed / Quality of Food / Raw vs Cooked / Thermogenics

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Person responsible for shopping & cooking / Home Prepares vs Take-away / Number of meals skipped per week

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Macronutrient
(excess / deficiency)

Micronutrient
(excess / deficiency)

Phytonutrient
(excess / deficiency)

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Physical Examinations (Biomedical)
(Complete any relevant physical assessment needed for this consultation)

Blood Pressure
(sitting)

Pulse

Temperature

Respiratory Rate

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Blood Pressure
(supine)

Circulation

Nerve Testing

Abdominal

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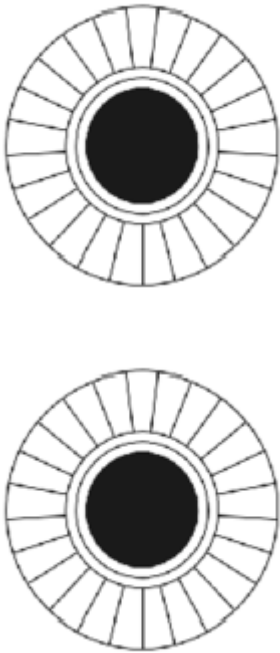
Ears / Mouth / Throat / Glands

Skin
(note where)

Weight (kg)	Height (cm)	Waist (cm)	Hip (cm)
BMI (weight / height m³)		WHR	

Physical Examinations (Holistic)

Iris



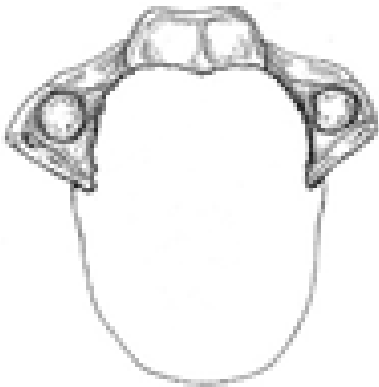
Energetics

Digestion

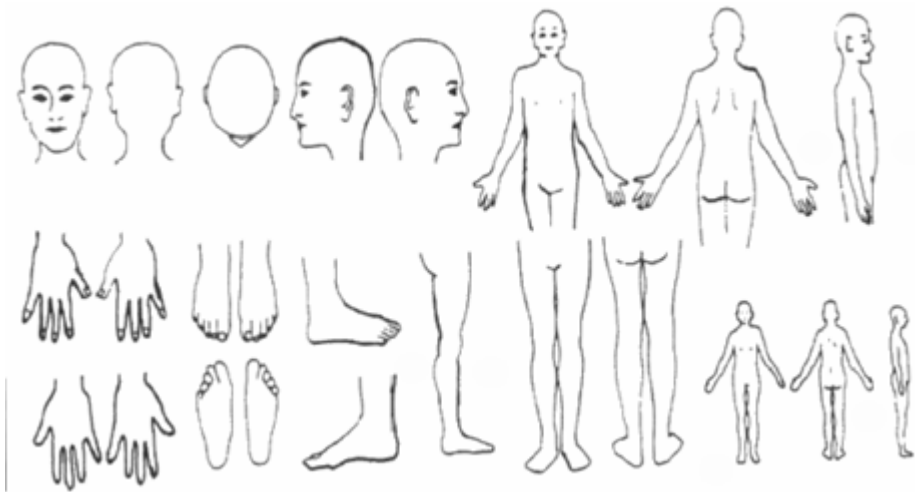
Elimination

Nails
Fingers/Toes

Tongue



Other



Further Examinations / Notes

**Student
Signature:**

**Supervisor
Signature:**
