



CLIENT FOLLOW UP FORM

Client Name: Ingrid Clarke

Date: 29/10/24

Email: inga_cl@hotmail.com

Practitioner: Leigh Gibbs

PROGRESS	How have you been feeling since our last session? Have you noticed any improvements or changes in your symptoms or condition?
	Frozen shoulder since July. Cut out sugar and lactose and carbs. Lost weight. Drinking more water.
SYMPTOMS	Are there any particular symptoms or issues that have improved or worsened? Please describe any new symptoms or changes you have experienced.
	Can tolerate cruciferous veg a little more since protocol.
PROTOCOL	Have you been following the treatment plan and recommendations discussed in our previous session? Are you taking the prescribed supplements, herbal remedies, or following dietary and lifestyle modifications?
	Followed it. Noticed some difference in digestion.
MEDICATIONS/Supps	Have you started or stopped any medications, supplements, or other therapies since our last session? Are you experiencing any side effects or interactions?
	Cortisone - July for frozen shoulder. Panadol. Magnesium Ultra muscle ease.
EMOTIONS	How has your emotional state been recently? Are you experiencing any significant stressors, anxiety, depression, or mood swings?
	Fly off the handle a little. Feels like she needs her herbs for mood.
ENERGY	Have you noticed any changes in your energy levels, fatigue, or sleep patterns? Are there specific times of the day when you feel better or worse?
	Some slumps worse for no sleep. Shoulder makes it worse. Waking a few times per night.
DIGESTION	Have there been any changes in your digestion or bowel movements? Are you experiencing any bloating, constipation, diarrhea, or other digestive issues?
	No changes.
DIET	How has your diet been lately? Have you been able to incorporate any recommended dietary changes? Do you have any challenges or concerns regarding your nutritional plan?
	Eating much better. Feeling much better apart from shoulder.
GOALS	Progress Towards Goals: Are you satisfied with the progress you've made so far? Are there any goals or outcomes that you would like to achieve or discuss further?
	Very happy.

SUPPORT	Additional Support: Is there anything else you would like to address or any specific questions or concerns you have regarding your health or treatment plan?
	Calcium support through food.
FOLLOW UP APPT:	
TREATMENT CONSIDERATIONS	N/S Herbs GIT, Basica
	<p>N/S Withania 40, Magnolia 40, Liquorice 30, Siberian Ginseng 40 Bacopa 50, Gotu Kola 20</p> <p>GIT - Shisandra, Globe Gentian, Marshmallow, Motherwort, Gymnema 20</p>