



CLIENT FOLLOW UP FORM

Client Name: Sue Quinn

Date: 28/3/25

Email:

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?
	Anxiety better, a bit sluggish. Some constipation - not enough water.
SYMPTOMS	Are there any particular symptoms or issues that have improved or worsened? Please describe any new symptoms or changes you have experienced.
	Restless legs ok. Still having to take meds. Sleep onset is better. Waking 2 or 3 times a night.
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?
	Randomly. Feeling better though.
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?
	Take magnesium 2 before bed. Iron everyday. Change iron supplement. To metagenics. Beef liver? Maybe Activated Probiotics Iron?
EMOTIONS	How has your emotional state been recently? Are you experiencing any significant stressors, anxiety, depression, or mood swings?
	Good mood. Have moments.
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?
	Having slumps.
DIGESTION	Have there been any changes in your digestion or bowel movements? Are you experiencing any bloating, constipation, diarrhea, or other digestive issues?
	Had to take laxative for 3 days. Good form.
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?
	Easy freezer foods. Sausage rolls. Vietnam's. Smoothies. Tropeaka Protein Whey. LSA
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?



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?
TREATMENT	Aims and suggestions for this appointment.
	Blood work Urine test. Increase sodium intake.
FOLLOW UP APPT:	

