



CLIENT FOLLOW UP FORM

Client Name: Kristie Donnelly

Date: 21/5/25

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?
	Better symptoms. Sinuses are playing up. Mostly in middle of night. Worse for alcohol. Blow nose. Constipation.
SYMPTOMS	Are there any particular symptoms or issues that have improved or worsened? Please describe any new symptoms or changes you have experienced.
	Hot flashes have gone. Spotted a little. Feel good hormonally. End of March started again. Sinus. Wake 3 or 4am and stuffy. Worse for chocolate and alcohol. Pizza. Blow nose a lot first thing in the morning. Better for moving around. Started before she started the herbs. High histamine. B3/vit C? NAC. Stuffy after working at Anitas. Bit of a cough atm. Sx disappeared when she went overseas. Diet was the same, lots of drinking bad food etc - Mould.
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?
	Yes.
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?
	Herbs run out. Make another bottle. Drop back zinc to 1 every 2 days.
EMOTIONS	How has your emotional state been recently? Are you experiencing any significant stressors, anxiety, depression, or mood swings?
	Mood has been stable.
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?
	Energy is good, sleeping well.
DIGESTION	Have there been any changes in your digestion or bowel movements? Are you experiencing any bloating, constipation, diarrhea, or other digestive issues?
	Stools a little unformed.
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 more dairy.



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?
	Yes.
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?
	No.
TREATMENT	Aims and suggestions for this appointment.
	NAC / Dandelion root tea. Check in in 3 days. If no difference, consider over-methylation. B3/Vit C. If no improvement, consider mould.
	Same herbal mix. Up Globe to 50/holy basil 40
FOLLOW UP APPT:	

