



# CLIENT FOLLOW UP FORM

**Client Name:** Caleb Saunders

**Date:** 03/10/25

**Email:**

**Practitioner:** Leigh Gibbs

<b>PATHOLOGY FINDINGS</b>	<b>Bloodwork/Stool</b>
	Low WBC and neutrophils. Autoimmune?? Gluten? High Creatinine & urea. Increased protein intake? Dehydration?
<b>PROGRESS</b>	<b>How have you been feeling since our last session? Have you noticed any improvements or changes in your symptoms or condition?</b>
	GUT? Diarrhoea. Much better going 2 x day. Usually formed. Pain after eating? - All good. Bloating. Frequent urination? Adding a little Celtic sea salt. A little bit in Korea - Hair? Tissue Salts? All good. Libido - immensely improved.
<b>SYMPTOMS</b>	<b>Are there any particular symptoms or issues that have improved or worsened? Please describe any new symptoms or changes you have experienced.</b>
	Had pasta last night. Stools a little looser this morning. Burleigh bakers bread. Spelt was fine.
<b>PROTOCOL</b>	<b>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?</b>
	Yes.
<b>MEDICATIONS/ Supps</b>	<b>Have you started or stopped any medications, supplements, or other therapies since our last session? Are you experiencing any side effects or interactions?</b>
<b>EMOTIONS</b>	<b>How has your emotional state been recently? Are you experiencing any significant stressors, anxiety, depression, or mood swings?</b>
	Not at all.
<b>ENERGY</b>	<b>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?</b>
	Good. Training less, more energy. First week of work. Energy great. No slumps
<b>SLEEP</b>	<b>Better, worse?</b>
	Good.



<b>DIGESTION</b>	<b>Have there been any changes in your digestion or bowel movements? Are you experiencing any bloating, constipation, diarrhea, or other digestive issues?</b>
	All good. Going 2 x day. A little gassy
<b>DIET</b>	<b>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?</b>
	Gluten free?
<b>GOALS</b>	<b>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?</b>
	Would like to do a fast. 3 or 5 days. Manage diet.
<b>SUPPORT</b>	<b>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?</b>
<b>TREATMENT</b>	<b>Aims and suggestions for this appointment.</b>
	Up to 2 scoops of Cellugenex. Switch to Enduracell after. Stay gluten free. Add Gemmune IB. Zinc 3 x week. Finish hydrozyme.
<b>FOLLOW UP APPT:</b>	Keep an eye on kidney markers - creatine.

