



CLIENT FOLLOW UP FORM

Client Name: Claudia

Date: 11/10/25

Email:

Practitioner: Leigh Gibbs

PATHOLOGY FINDINGS	Bloodwork/Stool
PROGRESS	How have you been feeling since our last session? Have you noticed any improvements or changes in your symptoms or condition?
	Currently on day 26. Low last week. A bit angry last week. Wasn't regular with supplements Struggled with focusing on study.
SYMPTOMS	Are there any particular symptoms or issues that have improved or worsened? Please describe any new symptoms or changes you have experienced.
	Went and ate out - Vietnamese food. Woke up bloated. RSL ate grilled fish, Then sat ate steak rich entrees. Felt lethargic. More bloated the week after. Butter chicken, cream & spices seems to set it off. Fat malabsorption? Nachos - corn. Mince capsicum guac. Bloated for the whole week. Waking up bloated. Bad flare up with back - 2.5 weeks ago. Calcium rich foods.
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?
	Mag Taur every 2 days. Been slack on the protocol for the bad week.
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?
EMOTIONS	How has your emotional state been recently? Are you experiencing any significant stressors, anxiety, depression, or mood swings?
	Irritable last week. And down.
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 good this week.
SLEEP	Better, worse?



DIGESTION	Have there been any changes in your digestion or bowel movements? Are you experiencing any bloating, constipation, diarrhea, or other digestive issues?
	Bloating. Waking up bloating. Last week more gassy.
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?
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.
	<p>Digestive herbs: reintroduce for a few days. If any symptoms, let me know.</p> <p>MagTaur - change to GFD</p> <p>DOSE: 1 capsule daily. If any gut symptoms, reduce to half a capsule and build tolerance (3-4days) then double the dose. Then titrate up to 4 caps daily.</p> <p>2FL Mood - change to Give Back Health Saffron & Zinc</p> <p>DOSE: 1 cap, 2x daily. (Any time is fine)</p> <p>CalMag - 2 caps, 2 x day, morning and night.</p> <p>Hormone Herbs - continue as prescribed.</p>
FOLLOW UP APPT:	3 weeks.

