



# CLIENT FOLLOW UP FORM

Client Name: Eliot Paul

Date: 8/1125

Email:

Practitioner: Leigh Gibbs

<b>PATHOLOGY FINDINGS</b>	Bloodwork/Stool
<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>
	Quite a bit of stress with visa. For the last 2 weeks. Student visa process. Dont relax much. Same. 3 days will be sensitive. 1 day can't even breathe very sensitive. Goes away midday mark. When he wakes up ok within 15mins after he wakes it sets off. Knows if its going to be good or bad. Wednesday crazy. Salt water makes adenoids sensitive. Nose area. Scratch inside sets off.
<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>
	Fatigue? - Yesterday was good. Bed early helps. Allergies? RED EARS Nose can drips water for 1 hour. No more mucous.
<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>
	Echinacea drops. Stop.
<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>
	Emotions all good.
<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>



<b>SLEEP</b>	<b>Better, worse?</b>
	Waking up better? Yes.
<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.
<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>
	Low histamine. Juice - Good energy. Celery, cucumber ginger, carrots. Eggs gluten free paleo bread. Cottage cheese. Chicken with broccoli, eggplant, green beans. Oven baked. No spinach. 3 x week red meat. Fish and tofu.
<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>
<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>
	Bloods after next appointment
<b>TREATMENT</b>	<b>Aims and suggestions for this appointment.</b>
	Coconut water - for electrolytes. Magnesium sulfate. Hemidesmus. Baical skullcap, nettle, eyebright, marshmallow, golden rod. Sleep Mag for a week consistently. Enduracell 2 caps a day. 1 gemmune IB for 1week. Increase to 2 a week. Activated Bs. 1 a day. Left overs only 1 day fresh. Low histamine calcium foods. Zinc half every 2 days. Chamomile Tea.
<b>FOLLOW UP APPT:</b>	

