



# CLIENT FOLLOW UP FORM

**Client Name:** Torah Christie

**Date:** 3/01/25

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**Practitioner:** Leigh Gibbs

<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>
	Skin has been better. 30% better. Not as dry as much. Put some rings on. Irritated.
<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>
	Got the flu before xmas. Took cold and flu tablets/panadol. 3-5 days - over it xmas day. Have been off work for 2 weeks. Tired, waking up feeling a little fatigued.
<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, not been great with diet. Especially gluten removal.
<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>
	Have been taking supplements.
<b>EMOTIONS</b>	<b>How has your emotional state been recently? Are you experiencing any significant stressors, anxiety, depression, or mood swings?</b>
	Good, a little anxious, but not overly.
<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>
	On rising, feel good. Then tired at work. 9:30 feel better. Light energy slumps in the afternoon around 3pm. Sleep much better. Peeing 2 x night or 3 times.
<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>
	Less clean.
<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>
	Help with Breakfast, easy options, send through recipes.
<b>TREATMENT</b>	<b>Aims and suggestions for this appointment.</b>
	<p>Get bloods done. Maybe reintroduce fish oil</p> <p>Herbal Mix</p> <p>Lymphatic - Clivers/Pokeroot</p> <p>Liver/GB - Globe / Dandelion</p> <p>Immune - Echinacea/Nettle?</p> <p>Anti Inflamm - Baical Skullcap</p> <p>NS - Rhodiola/Siberian</p>
<b>FOLLOW UP APPT:</b>	<b>Friday 31st Jan 9:30am. - reintroduce fish oil? HTMA?</b>

