

CLIENT FOLLOW UP FORM

Client Name: Torah Christie Date: 20/2/25

Email: Practitioner: Leigh Gibbs

TEST RESULTS	Any results that came back abnormal
	Bloods - low ferritin, Hb, low b12, b9. Stomach function! High AST/GGT - liver and gall bladder struggling. High Vit D - could be why she is peeing? Excess Ca?
PROGRESS	How have you been feeling since our last session? Have you noticed any improvements or changes in your symptoms or condition?
	Mineral Salt tablets working. Has taken herbs 4-5 times. Doesn't like the taste. Training quite a bit. Energy ok. Waking up 2x to pee. 11 & 2am. Not drinking before bed insulin/liver?
SYMPTOMS	Are there any particular symptoms or issues that have improved or worsened? Please describe any new symptoms or changes you have experienced.
	Hands flared a little since being off the minerals & supps. But generally much better.
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?
	Not taking herbs. Run out of supps
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?
	How has your emotional state been recently? Are you experiencing any significant
EMOTIONS	stressors, anxiety, depression, or mood swings?
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ENERGY	stressors, anxiety, depression, or mood swings?
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ENERGY	stressors, anxiety, depression, or mood swings? Good. 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? Sleep a little disrupted. Not been taking magnesium. Have there been any changes in your digestion or bowel movements? Are you experiencing any bloating, constipation, diarrhea, or other digestive issues? No still feel sick after fatty foods. How has your diet been lately? Have you been able to incorporate any recommended dietary changes? Do you have any challenges or concerns regarding

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 hands been SO much better.
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?
	Vit D was quite high on bloods.
TREATMENT	Aims and suggestions for this appointment.
	Increase healthy fats. Add MCT oil.
	Cod liver oil
	Magtaur
	Tissue Salts
	Copper rich foods. Eat dark chocolate.
	NEXT APPT: check insulin / iron
FOLLOW UP APPT:	Mid March.

