

CLIENT FOLLOW UP FORM

Client Name: Pauline McIlveen Date: 10/4/25

Email: Practitioner: Leigh Gibbs

PROGRESS	How have you been feeling since our last session? Have you noticed any improvements or changes in your symptoms or condition?
	Started magnesium. Digestive enzymes giving heartburn. Bad indigestion. Leave the digestive enzymes. Stress levels have dropped. Feeling much better, Mg possibly making the diarrhoea consistent Drop down to half dose.
SYMPTOMS	Are there any particular symptoms or issues that have improved or worsened? Please describe any new symptoms or changes you have experienced.
	Experienced bad agitation when she started all the supplements. Ceased everything except the digestive enzymes and magnesium. Tingling in legs/feet have gone. More energy.
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?
	Yes and no.
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?
	Prednisone off? Back on 5mg. The 3mg is not working.
EMOTIONS	How has your emotional state been recently? Are you experiencing any significant stressors, anxiety, depression, or mood swings?
	Good better.
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 better. Sleep ok on and off.
DIGESTION	Have there been any changes in your digestion or bowel movements? Are you experiencing any bloating, constipation, diarrhea, or other digestive issues?
	Diarrhoea still the same. Maybe drop to half dose Mg.
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?
	5 glasses of water daily. Increase to at least 6.
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.
	Take 1/3 capsule folinic acid. Every 2nd day for 1 week. The following week start 1
	drop B12 per day. Then increase if well tolerated.
FOLLOW UP APPT:	Saturday 26th April 10am.

