



# CLIENT FOLLOW UP FORM

Client Name:

Date:

Email:

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>
	Took herbs for 3 weeks. 10 days off. Now taking for 10 days. A little cramping. Last weekend.
<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>
	1 day of period very heavy day 21. Following day spot. Gone. 17th April. Then spotted. No pain. Currently on day 22.  Hurt neck. Waking at 1:30/2. Busy at work. Busy mind. Internally stressed. Sympathetic.
<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>
	Not so much.
<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>
	Had bacterial Vaginitis. Metrogol. Abx 7 days. Activated Probiotics. Creatine every day.
<b>EMOTIONS</b>	<b>How has your emotional state been recently? Are you experiencing any significant stressors, anxiety, depression, or mood swings?</b>
	Mood swings fine. No symptoms yet.
<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>
	High libido. Energy levels good.
<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>
	Digestion been better. Not constipated.
<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>
	Healthy fats? Calcium? Phosphorus foods - almonds dairy. Trying to get back on track. Lunch swapping for green leafy. Increasing cooked. Veg. Coconut water.
<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>
	No.
<b>TREATMENT</b>	<b>Aims and suggestions for this appointment.</b>
	Stop creatine if feeling horrible in the next week. Herbs / saffron. BioActivated B. 1 every second day. Reduced sat fats increase phosphorous. Carbs. Probiotics keep taking.
<b>FOLLOW UP APPT:</b>	<b>Thursday 29th May.</b>

## DOPAMINE

Impulsive?

High libido

**METHYLATION: UNDER: high histamine**

- Fatigue
- Insomnia
- Depression - No
- Addictions - runs in family.
- OCD - ruminate.
- Seasonal allergies - None here.
- Delusions
- Low threshold for pain
- Digestive issues
- Frequent headaches - yes.
- High libido - yes
- Self-motivation - yes
- Strong will - yes
- Perfectionism - yes

**OVER: LOW histamine**



- High anxiety and hyperactivity yes. Swing. Different personalities. Can set boundaries.
- Rapid speech - yes
- Low libido
- Dry eyes and mouth - yes.
- Low motivation
- Self-mutilation
- Paranoia and paranoid schizophrenia depression
- Sleep disorders
- High threshold to pain - high
- Eczema
- No seasonal allergies
- Artistic or musical ability - yes.
- Obsession without compulsion
- Pacing and nervous legs

