



CLIENT FOLLOW UP FORM

Client Name: Anika Donnelly

Date: 3/6/25

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?
	Thinks it may have gotten a little better but not substantially. Family had maybe a little bit of a tummy bug. Pumpkin soup lots of lentils cashews carrots with lentils. Carrot and Cashew/lentil made symptoms worse. Just had Lebanese food 1-2 hours later - falafel, tabouli, chicken & kofta & hummus. A lot of pain. Middle to lower pain. Lectins?? Stand up and feel like she needs to go then the urge would go away. Last night felt like she was being stabbed in the sternum. Baked chicken & bean burritos. Experienced GERD.
SYMPTOMS	Are there any particular symptoms or issues that have improved or worsened? Please describe any new symptoms or changes you have experienced.
	Still going twice - still not formed. No better. Periods a little more regular 35 days.
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?
	Fairly good with dairy free. Cheese baked. Chocolate cake and cookie.
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?
EMOTIONS	How has your emotional state been recently? Are you experiencing any significant stressors, anxiety, depression, or mood swings?
	No majorly stressed.
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?
	Normal.
DIGESTION	Have there been any changes in your digestion or bowel movements? Are you experiencing any bloating, constipation, diarrhea, or other digestive issues?
	Diarrhea.



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?
	Deep fried. Cauliflower.
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.
	Inner health advanced. Give 2 treatment options.
FOLLOW UP APPT:	

