

CLIENT FOLLOW UP FORM

Client Name: Tyler Gilmore Date: 30/7/25

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?
	Same. Tired after school. Same focus. No obvious changes. LOOKS BETTER! Colour in his face. Seems more switched on.
SYMPTOMS	Are there any particular symptoms or issues that have improved or worsened? Please describe any new symptoms or changes you have experienced.
	Stool Every 2 to 3 days. Normal type. Sleep - waking up sometimes.
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.
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?
	2ml daily of bs. Continue for 2 weeks then increase.
EMOTIONS	How has your emotional state been recently? Are you experiencing any significant stressors, anxiety, depression, or mood swings?
	Same. Changes sometimes stress with school work.
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?
	Tired after school.
DIGESTION	Have there been any changes in your digestion or bowel movements? Are you experiencing any bloating, constipation, diarrhea, or other digestive issues?
	Same.
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?
	Focused a little more on protein with dinners. 6 nights meat based. Fish. Protein powder a few times a week. More pumpkin & broccoli.
	Breakfast egg muffins. 3 or 4 weeks. Early starts. Monday night made.
	Olive Oil. Banana, blueberries. Mango.
	700ml. X 2 bottles water.

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.
	Increase mag to 2 before bed. PHGG in morning 1 tsp - increase to 2 tsp Improve bowel movements.
	improve bower movements.
FOLLOW UP APPT:	

