



# CLIENT FOLLOW UP FORM

**Client Name:** Elissa Zarzour.

**Date:** 6/9/25

**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>
	Internship. Finished assessments compulsions. Makes her feel better, more relaxed. A lot of anxiety about something irrational. Wired brain.
<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>
<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>
<b>SLEEP</b>	
	Going to bed late. 12pm or 1am. Sleeping through.
<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>
	Same each night. 1ml - 1.4ml. Ethical Nutrients night. GABA SB 500. Metacholine. Once every 3 to 4 weeks. Flaxseed oil. Calmer. Herbal Medicine Crampbark. Herbs of gold supplements. Metagen 1 per day - not in a few months.
<b>EMOTIONS</b>	<b>How has your emotional state been recently? Are you experiencing any significant stressors, anxiety, depression, or mood swings?</b>



<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>
	All 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>
	Go a few times a day. Stool hard. SB has helped. Tomatoes in stool. Sticky.
<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>
	Stopped drinking tea. Has occasionally. Has milo instead with milk. Naturally calmer. Upped protein in meals. Half a burger. Cutlets.
	Breakfast? Burger egg bacon lettuce tomato. More veggies. Strawberries w chocolate. Salad - lettuce cucumber, greek salad.
<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>
	Yes
<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>
<b>TREATMENT</b>	<b>Aims and suggestions for this appointment.</b>
	Bringing nutrients. Iron and Vit D.
	Through diet nutrients.
	Gut Enzyme, Bs. 2FL Zinc. SB Probiotic
	Bone broth. Best of Bone
	Iron supplement.
<b>FOLLOW UP APPT:</b>	Consider GOS/PHGG for next appt. Herbs for NS, gut.
	Go off enzymes? Iron? Vit D?

