



CLIENT FOLLOW UP FORM

Client Name: Eliot Paul

Date: 6/9/25

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?
	Feeling good. Coming home from holiday had allergies. Dust. Started supplements when he got home.
SYMPTOMS	Are there any particular symptoms or issues that have improved or worsened? Please describe any new symptoms or changes you have experienced.
	Watery eyes have lessened. Nose less stuffy. Asthma - short of breath. A lot of mucous coming out. Lungs. Middle of chest dense and thick. Fungal?? Always had the lung issue. Phlegm. Inflammation. Always clearing throat. Wake up a bit stuffy.
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?
	Following - increased. Started with 1/2scoop bd. Increased to 1.5 dose 2 days ago. Been consistent. Taking charcoal. Taking mineral supplement. Start GFD??
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?
	Zinc. Stop. Just mineral.
EMOTIONS	How has your emotional state been recently? Are you experiencing any significant stressors, anxiety, depression, or mood swings?
	Great. Steady - no stress.
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?
	Gym every day. Feeling a little low in energy. Without food before gym. Feel a little dizzy without food.
DIGESTION	Have there been any changes in your digestion or bowel movements? Are you experiencing any bloating, constipation, diarrhea, or other digestive issues?
	More solid. Not as much gas. Random. No pain. No bloating.
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?



	Diet - improved much more veggies and fibre. Less sugar. At night only dairy and chocolate. Cravings berries and dark chocolate. More fruit. 2 kiwis eating. Morning avocado. Salmon 2/week. Avocado oil. Red meat 3 x week. Increasing veg. Chicken soup recipes.
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?
	Gut healing. Congestion - phlegm - SIFO?
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?
	Gut health. Dysfunction. Gut healing.
TREATMENT	Aims and suggestions for this appointment.
	2 scoops, Mag sulfate baths. More alkalising. Switch to capsules next appt. Introduce GFD. Gluten???
FOLLOW UP APPT:	Follow up in 3 weeks. Consider mold binders? GFD or IMMUNE IB, BCP skin. Herbs for sinus.

