



# CLIENT FOLLOW UP FORM

Client Name: Halley Flanagan

Date: 31/10/25

Email:

Practitioner: Leigh Gibbs

<b>PATHOLOGY FINDINGS</b>	<b>Bloodwork/Stool</b>
	Low SigA, Enterococcus Faecium - autoimmune, UTIs Klebsiella Pneumonia - IBS, chrons, UC, URTIs. - oregano, sage thyme. Low Bifidum, low lactobacillus H2S SIBO. Fructose Malabsorption SULFUR.
<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>
	Was introducing foods seemed ok. Taken glutamine. Garlic out. Moved house, stability. Work and life stresses.
<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>
	Always bloated - just dont eat - makes it better. Was in a high stress environment when she had bad symptoms. Infrared sauna and glutamine daily makes it better. Constant bloating regardless of fasting or eating. 4 or 5 months pregnant belly. Fatigue. Main trigger foods - garlic, onion, lentils, Histamine sx better. Removing garlic better. Non existent. Bloating headaches constantly - SULPHUR! Cycle regular. Fluctuates 29-32 days. Bleeding 6 days heavy for 4 then lighter. Doesn't get discharge. Nervous tension. Skin picker.
<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>
	GEMM!!
<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>
<b>EMOTIONS</b>	<b>How has your emotional state been recently? Are you experiencing any significant stressors, anxiety, depression, or mood swings?</b>
	Mood 5.



<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>
	Wake up tired. At night get energy. Cortisol dysregulation. Energy 4.
<b>SLEEP</b>	<b>Better, worse?</b>
	Struggling go to sleep, tired all the time. Struggling to have a morning routine.
<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>
	Craving kefir. Once a day, sometime every 2 days. Alternates.
<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>
	Papaya and match with almond milk. Meat & veggies. Fats avo and nuts. Avoid gluten. Broccoli. Eggs are fine.
<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>
<b>TREATMENT</b>	<b>Aims and suggestions for this appointment.</b>
	Enzymes. Molybdenum. Herbal for nervous system/ sleep GFE. Magnesium Sulfate foot baths. Consider L Rhamnosis, DSM17298, Salivarius
<b>FOLLOW UP APPT:</b>	<b>Wednesday pick up. Food is safe.</b>

