



# CLIENT FOLLOW UP FORM

Client Name: Caleb Saunders

Date: 7/11/25

Email:

Practitioner: Leigh Gibbs

|                           |   |
|---------------------------|---|
| <b>PATHOLOGY FINDINGS</b> | Bloodwork/Stool   |
|                           |   |
| <b>PROGRESS</b>           | How have you been feeling since our last session? Have you noticed any improvements or changes in your symptoms or condition?   |
|                           | Everything good.<br>Snitzel chips and salad. Gluten free. 3 days. Cramping.<br>Heat exhaustion hospital.<br>Gluten free pizza almond road - reacted diarrhoea.  |
| <b>SYMPTOMS</b>           | Are there any particular symptoms or issues that have improved or worsened? Please describe any new symptoms or changes you have experienced.   |
|                           | Urinating better. Only a few days.  |
| <b>PROTOCOL</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>MEDICATIONS/ Supps</b> | Have you started or stopped any medications, supplements, or other therapies since our last session? Are you experiencing any side effects or interactions?   |
|                           | Ashwaghandha in the morning. Liquid.<br>Tongkat Ali before a workout in afternoon. 2 weeks ago.<br>Zinc - every day.  |
| <b>EMOTIONS</b>           | How has your emotional state been recently? Are you experiencing any significant stressors, anxiety, depression, or mood swings?  |
|                           |   |
| <b>ENERGY</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?  |
|                           | Lots of energy.   |
| <b>SLEEP</b>              | Better, worse?  |
|                           |   |



|                        |  |
|------------------------|--|
| <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>                   |
|                        | Stools fine. Same time every day. 5am & 7am.<br>Not as gassy. Normal. Still smelly.  |
| <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> |
|                        | Smoothie with zucchini greens and banana.<br>Lunches beef patties with eggs rice and greens.   |
| <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>              |
|                        | Herbs to suport libido. Up dropper. Take Withania in afternoon   |
| <b>TREATMENT</b>       | <b>Aims and suggestions for this appointment.</b>  |
|                        | Zinc every day. Herbal vitality mix. L arginine?? More GFE   |
| <b>FOLLOW UP APPT:</b> |  |

