

Follow-Up Visit Questionnaire

Name _____ Date _____

Current E-Mail Address: _____

❖ What **improvements** have you experienced since your last visit?

❖ What are your **concerns now**?

❖ Have you had any **medical exams or tests** since your last visit?
List the results and prescribed treatments or medications.

❖ Give **all your questions** regarding foods, healing issues, etc.

SI			HT	LU			LI
GB			LR	SP			ST
BL			KD	PC			SJ