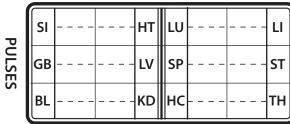
## **FOLLOW-UP VISIT FORM**

For Michael Rossoff, L.Ac.

| NAME   | DATE   |
|--|--------|
| IF NEW ADDRESS OR EMAIL  |        |
|  |        |
| 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? | YES NO |
| List the results and prescribed treatments or medications.     |        |
| ·  |        |
|  |        |
|  |        |
|  |        |
| Give all your questions regarding foods, healing issues, etc.  |        |
| , <u> </u>   |        |
|  |        |
|  |        |
|  |        |
|  |        |
|  |        |
|  |        |

Do not write in area below line.



| GIVE A RECENT 5-DAY FOOD DIARY |
|--------------------------------|
| DAY 1                          |
| Breakfast                      |
| Lunch                          |
| Dinner                         |
| Liquids, snacks, treats        |
|                                |
| DAY 2                          |
| Breakfast                      |
| Lunch                          |
| Dinner                         |
| Liquids, snacks, treats        |
|                                |
| DAY 3                          |
| Breakfast                      |
| Lunch                          |
| Dinner                         |
| Liquids, snacks, treats        |
|                                |
| DAY 4                          |
| Breakfast                      |
| Lunch                          |
| Dinner                         |
| Liquids, snacks, treats        |
|                                |
| DAY 5                          |
| Breakfast                      |
| Lunch                          |
| Dinner                         |
| Liquids, snacks, treats        |
|                                |