

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.

Do not write in area below line.

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	GB	---	---	LV	SP	---	---	ST
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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