



TransformationalHEALTHCARE  
Natural Integrative Healthcare

## Skype Consult Follow-up

Name \_\_\_\_\_ Date \_\_\_\_\_

What would you like to focus on today? \_\_\_\_\_

\_\_\_\_\_

What symptoms have shifted? \_\_\_\_\_

\_\_\_\_\_

How do you feel you did with the recommendations and supplements? \_\_\_\_\_

\_\_\_\_\_

What percentage do you feel your symptoms have:

Improved \_\_\_\_\_%

Worsened \_\_\_\_\_%

Are you out of or will you run out of any of the supplements you are currently taking?    Yes \_\_\_\_\_    No \_\_\_\_\_

Please List:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_