**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Next appointment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| --- |
| **Progress: Please list and describe any symptoms that have improved or are better:** |
| 1. |
| 2. |
| 3. |
| 4. |
| 5. |

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| **Struggling: What symptoms do we still need to work on and improve?** |
| 1. |
| 2. |
| 3. |
| 4. |
| 5. |

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| **Do you have anything new to report:** |
| 1. |
| 2. |
| 3. |
| 4. |
| 5. |

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| **List any NEW supplements and/or recommendations that have made a positive difference:** |
| 1. |
| 2. |
| 3. |
| 4. |
| 5. |

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| **List any NEW supplements or recommendations you haven’t implemented or didn’t tolerate:** |
| 1. |
| 2. |
| 3. |
| 4. |
| 5. |

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| **Questions you have or things you would like to discuss:** |
| 1. |
| 2. |
| 3. |
| 4. |
| 5. |

**Daily Food/Exercise/Meditation Log** Please be as specific as possible (what brand, was it organic? Grass-fed? Try to identify any symptoms in the notes (did you have any stomach upset, fatigue, reflux, bowel movements, skin condition, or other)

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| **Date &**  **Time** | **Food/Beverage**  **(Breakfast, lunch, dinner, snacks, drinks) How many glasses of water daily?** | **Location:**  **(home or name of restaurant)** | **Exercise/**  **Meditation/Other therapeutic treatment (i.e., IV therapy, sauna, detox bath, hyperbaric, etc.,)** | **Notes:**  **(Symptoms, reactions)** |
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| **Date &**  **Time** | **Food/Beverage**  **(Breakfast, lunch, dinner, snacks, drinks) How many glasses of water daily?** | **Location:**  **(home or name of restaurant)** | **Exercise/**  **Meditation/Other therapeutic treatment (i.e., IV therapy, sauna, detox bath, hyperbaric, etc.,)** | **Notes:**  **(Symptoms, reactions)** |
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**Thank you for taking the time to complete this form. I’m looking forward to our next visit! Ann Shippy, MD**