

**Name:** **first and last name here Date:**

**Follow Up Visit**

*Click on the text in the shaded boxes and type your answers. Use the ‘save as’ function and change the file name to include your first name and last initial. You can email it to me to review beforehand:* ***DoctorIto@RaleighNaturopathic.com******.***

*Or, as email isn’t HIPAA compliant, to protect your privacy, you can opt to bring a print copy along to the visit.*

What changes have you implemented?

type a quick summary here, such as 'I took all the supplements and I eliminated dairy except I had pizza last weekend.'

How do you feel about your initial treatment plan so far? Are the treatments you’ve tried easy, hard, fun, odd, sustainable, interesting, surprising?

try for at least one positive and at least one thing you'd like to be different

Confused about anything?

if it blocked you such that couldn't guess and move forward, go ahead and text me now: (919) 525-0182

What obstacles or friction is there to any treatments you’ve not tried?

type your answer here

What kind of improvements or changes in your presenting symptoms have you observed?

type your answer here

What kind of improvements or changes in other areas have you observed?

even if it seems unrelated--I like good news

Any new goals or symptoms coming up?

type your answer here

Any other new events that *might* be impacting your symptoms, like a new medication, a big life change, etc.?

type your answer here

Anything you’d like to remind me to address at this appointment?

type your answer here

Notes:

Please remember to email or bring along any “homework” like a blood pressure log, lab results, or diet diary.

Bring the bottles for any medications or supplements you are currently taking as well.