



Raleigh Naturopathic Clinic, LLC
Jennifer Ito, ND

Your Name _____

Date _____

Follow Up Visit

This is meant to printout and fill in by hand, for a document you can fill out on your computer-- download the word file linked in the email. You can scan it and 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? 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 whether you tried them or not?

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

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?

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

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

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.