

Girls:

Non-menstruating  Ovarian cysts

Irregular Periods  Painful Periods  Vaginal Yeast Infections

Injuries: \_\_\_\_\_ Other: \_\_\_\_\_

Was the diet followed completely as instructed? \_\_\_\_\_

Were the supplements taken as directed? \_\_\_\_\_

Have any Medications been changed or dosage altered? \_\_\_\_\_

How does your child feel now? \_\_\_\_\_

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What are your primary concerns today? \_\_\_\_\_

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Comments: \_\_\_\_\_

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We wish to remind you that in Holistic Medicine your input is of utmost importance. We ask that you do not blindly follow recommendations unless you fully understand them and feel completely comfortable. **Do not discontinue any prescription without the advice of your prescribing Physician.** I fully understand that I am not pressured in any way to follow these recommendations and can freely consult my Physician at any time.

Patient/Guardian

Signature \_\_\_\_\_ Date \_\_\_\_\_