

__Cuts Heal Slowly

__Shingles

__Bruise Easily

__Neck Pain

__Back Pain

__Numbness

Other Symptoms:_____

What supplements did you stop since last visit?

Are you taking any new supplements since last visit?

List any changes in your prescriptions:

Since your last appointment do you feel: Better / Same / Worse ?

What health concerns do you want to discuss today?

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_____