

FOLLOW-UP HEALTH FORM FOR REMOTE SCANS

Please fill out the following if you are having a remote follow-up scan, so that we may test the appropriate items to have a whole body healing approach. If you have not yet filled out the initial Health Intake Form so that we may have your full information on file.

Patient Name: _____

Date: _____

Address: _____

Date of Birth: _____

Email: _____

Phone Number: _____

How often do you have a bowel movement? Every day Few times a week Once a week

Changes in your anxiety or stress? No Same Improved

Have you changed your stress management techniques? No Same Yes

If yes, how? _____

Changes in your sleep quality? No Same Improved

Changes in your energy? No Same Improved

Have you made any diet changes? No Same Improved

If yes, how? _____

Any other changes with other symptoms (cognition, gut, skin, emotions) ?

Have you changed your doses or eliminated medications?

PLEASE LIST NAME/DOSE: