Follow-Up Appointment Questionnaire

**List any prescription medications you are currently taking (including strength and frequency):**

**List any supplements or homeopathic remedies you are currently using (including strength**   
**and frequency):**

**Rate your overall health on a scale of 1-10:**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Very Poor | |  |  |  |  |  |  | I feel great! | |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |

**Since your last appointment, do you feel your overall health is:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Worse |  | The Same |  | Better |
| 1 | 2 | 3 | 4 | 5 |

**Since your last appointment, do you feel your cognitive functioning**   
**(memory, multitasking, etc.) is:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Worse |  | The Same |  | Better |
| 1 | 2 | 3 | 4 | 5 |

**Since your last appointment, do you feel your pain is:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Worse |  | The Same |  | Better | N/A |
| 1 | 2 | 3 | 4 | 5 | (Does not apply) |

**Since your last appointment, do you feel your energy is:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Worse |  | The Same |  | Better |
| 1 | 2 | 3 | 4 | 5 |

**Significant updates since your last appointment:**

**The top three current health issues you want to discuss during your upcoming appointment:**

**If time allows during your upcoming appointment, you would also like to discuss:**

**List any prescriptions and supplements for which you need refills:**