

Follow-Up Appointment Questionnaire

List any prescription medications you are currently taking (including strength and frequency):									
List say	aunnlam		o m o o n o th	ie romodio		erruna melly r	raina (inali	udina stvo	a subla
_	supplen Juency):	ients or n	omeopatr	nic remedie	s you are o	currently t	ising (incit	Jaing Stre	ngtn
Rate you	ur overal	l health o	n a scale d	of 1-10:					
Very Poor									feel great!
1	2	3	4	5	6	7	8	9	10
Since yo	our last a	ppointme	ent, do you	ı feel your	overall hea	alth is:			
Worse			The Same					Better	
1		2		3		4		5	
_		ppointme asking, et		ı feel your (cognitive 1	functionin	g		
Worse				The Same				Better	
	1	2		3		4		į	5

kresserinstitute.com



Since your last appointment, do you feel your pain is: Worse The Same Better N/A 2 3 5 1 4 (Does not apply) Since your last appointment, do you feel your energy is: Worse The Same Better 2 5 1 3 4 **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:

kresserinstitute.com 2