

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: