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FOLLOW-UP CONSULT

NAME: _____ **DATE:** _____

Has your address changed since last visit? Y / N

If so:

Has email changed since last visit? Y / N

If so: _____ Insurance carrier _____

CIRCLE ONE: 3 MONTH VISIT YEARLY OTHER

MEDICATIONS:

- 1.
- 2.
- 3.
- 4.

SUPPLEMENTS:

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.

REASONS FOR INITIAL VISIT:

How much improvement have you had from your first visit?

none 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%

What symptoms have improved?

What symptoms persist?

Is there anything else you would like to address?

Do you have any recent blood work you'd like reviewed?

(Please email to journeyiihealth@gmail.com)

Are you following a specific diet?

What foods do you still struggle with?

Do you need hormone refills? Y / N

Would you like to retest: Hormones, GI testing, adrenals, food allergies?

****** Once these answers are reviewed and compared with your initial consult summary, I may have more questions for you.**