

FOLLOW UP INTAKE

1. WHAT WAS YOUR REACTION AFTER TAKING THE REMEDY?

- immediately?
- several hours later?
- next day?
- weeks later?

2. REMEDY REPETITION

- What is the name or abbreviation of the remedy you are taking?
- Circle the remedy strength you are taking: 6c 30 c 200c 1M 10M 50M 100M?
- Circle the form of the remedy you are taking: liquid or pellet
- What amount per dose are you using (how many drops or pellets per dose)?
- How often have you been taking the remedy?
- Have you repeated the remedy at all since we last spoke? If yes.... When did you last take it?
- Why did you feel you needed to repeat it (if and when you repeated the dose?). In other words, what symptoms led you to repeat your dose?

4. Please list and discuss any CHANGES noted in anything since we touched base, including

- Mood
- Energy

- Sleep
- Your main complaint
- New symptoms
- A return of an old symptom
- Any new stressors or illness or injuries?

When discussing your symptoms always compare to your *baseline as you were BEFORE THE REMEDY*: BETTER, WORSE or NO CHANGE etc...
Saying "Im ok" is not helpful!

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