

**INFORMATION FOR FOLLOW UP VISITS**

This form is designed to help you organise your thoughts and concerns regarding your medical condition. Please take the time to fill it out just before you return to the office, and give it to Dr. Coombs at the beginning of your appointment. Filling out this form carefully will help make better use of the time spent at follow up visits, and will reduce the cost of overtime for extended medical visits (See the sheet on uninsured medical services for details.)

**MEDICATIONS:**

**PLEASE list all your current medications**, including nutritional supplements (use the reverse side if necessary)- **Include dosages**. This list will be pasted into your chart as an on-going record. **Please do this EACH visit.**)

-Are there any new medications you have taken since your last appointment, perhaps from another physician?

-List prescription renewals needed (N.B.-\$12.00 will be charged for prescription renewals made between appointments.)

**DIET:**

Have you been following the diet recommended for you?

-Has the diet had any effects, for better or worse? How?

-Have you gone off the diet? If so, has doing so had any effects on your symptoms, for better or worse?

**ADDICTIONS:**

-How are you doing with your battle with sugar/caffeine/tobacco/addicting foods/etc.?

**ENVIRONMENT:**

-Since your last visit, have you had any significant exposure to airborne toxins (chemical fumes) or allergens (mould, pollens)?

**INFECTIONS:**

-Since your last visit, have you had any significant infections (colds, skin infections, etc.)? What treatment did you use for them?

**EXERCISE:**

-Are you following any consistent exercise program? If so, describe:

**STRESS:**

-Have you had any significant stresses (physical or emotional) since your last visit?

**ON-GOING SYMPTOMS AND HEALTH CONCERNS:**

Have you had any change for better or worse in your ongoing symptoms (fatigue, headaches, allergies, etc.)? Have you observed any patterns related to their increase or decrease (diet, stress, weather, etc.)

**NEW HEALTH CONCERNS:**

-Are there any new concerns or questions that were not discussed at your last visit?