

FOLLOW-UP REPORT

Please fill this form out before your next appointment.

Name of the remedy

Potency of the remedy

Date you took the remedy:

1. If you repeated the remedy, why did you repeat it ?
2. When did you repeat it?
3. When did you note an initial aggravation?
4. How long did your aggravation last?
5. How severe was it? mild, medium, or severe
6. What symptoms improved since taking the remedy?

7. When did you note any improvement after the remedy?
8. How much did each symptoms improve after the remedy (%) ?
9. How long did improvement(s) last?

10. What new symptoms did you experience from the remedy (symptoms you never had in the past)?
11. What were the new symptoms?

12. What symptoms did not change with the remedy?

13. What stressors have you been experiencing since your visit?

14. Did you notice any return of old symptoms from the past since you took your remedy?
15. What were they?
16. How long did they last?