

Wellness Progression Report

Name: _____ Date: _____

CIRCLE THE APPROPRAITE ANSWER:

Have you been faithful in taking your recommended supplements? Yes or No

Have you followed the Food Plan recommendations? Yes or No

Have your symptoms improved? Yes or No

Have your symptoms gotten worse? Yes or No

Have you started any new medications since you last gave us your medication list? Yes or No

If yes please list: _____

Have you started taking any new supplements (besides those recommended by use) since you last gave us your supplement list? Yes or No

Have you received any vaccinations since you last gave us your immunization history? Yes or No

If yes please list: _____

Is there anything else you feel I should know?

LIST ANY CURRENT SYMPTOMS:

SYMPTOM	FREQUENCY	MILD	MODERATE	SEVERE