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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **InJoy BodyTalk**  Tone-Lise Stenslie,  CBP, ParamaBP, CN | | **Client Followup** | | | | | | | **701-258-9418**  Dakota Natural Health Center  705 East Main Avenue  Bismarck, ND 58501 | | | |
| *This followup form will help you and Tone-Lise assess your progress with BodyTalk sessions by comparing it with the answers you provided on your Intake Form for your first BodyTalk session.* | | | | | | | | | | | | |
| Name: | | | | | Date: | | | | | | | |
| **Presenting Issues or Concerns**  On a scale of 0 to 10, **0** being **none** and **10** being **severe,** please rate the following conditions based on the **last 7 days** and give the frequency of when you experience this and the location if necessary: | | | | | | | | | | | | |
| **Condition** | **Score** | | **Frequency** | **Location** | |  | **Condition** | **Score** | | **Frequency** | **Location** | | |
| Acne |  | |  |  | |  | Infections |  | |  |  | | |
| Allergies, Environmental |  | |  |  | |  | Insomnia |  | |  |  | | |
| Itchy/Watery Eyes |  | |  |  | | |
| Allergies, Food |  | |  |  | |  | Joint Pain |  | |  |  | | |
| Angry Outbursts |  | |  |  | |  | Learning Difficulties |  | |  |  | | |
| Anxiety |  | |  |  | |  | Muscle Pain |  | |  |  | | |
| Arthritis |  | |  |  | |  | Nasal Symptoms |  | |  |  | | |
| Asthma |  | |  |  | |  | Nausea |  | |  |  | | |
| Bed Wetting |  | |  |  | |  | Nervousness |  | |  |  | | |
| Cancer |  | |  |  | |  | Pain |  | |  |  | | |
| Constipation |  | |  |  | |  | Panic |  | |  |  | | |
| Depression |  | |  |  | |  | Rashes |  | |  |  | | |
| Diabetes |  | |  |  | |  | Rheumatoid Probs |  | |  |  | | |
| Diarrhea |  | |  |  | |  | Shortness of Breath |  | |  |  | | |
| Digestive Problems |  | |  |  | |  | Sneezing |  | |  |  | | |
| Dizziness/Vertigo |  | |  |  | |  | Stomach upset |  | |  |  | | |
| Dryness |  | |  |  | |  | Stress |  | |  |  | | |
| Fatigue |  | |  |  | |  | Stroke |  | |  |  | | |
| Headache |  | |  |  | |  | Swelling |  | |  |  | | |
| Hearing Problems |  | |  |  | |  | Thyroid Problems |  | |  |  | | |
| Heart Arrhythmia’s |  | |  |  | |  | Vision Problems |  | |  |  | | |
| Heart Condition |  | |  |  | |  | Vomiting |  | |  |  | | |
| Heartburn |  | |  |  | |  | Other |  | |  |  | | |
| High Blood Pressure |  | |  |  | |  |  |  | |  |  | | |
| Current Medications: | | | | | | | | | | | | |
| Current Supplements: | | | | | | | | | | | | |
| Amount of Alcohol you consume in a week: | | | | | | | | | | | | |
| Number of Cigarettes you smoke in a week: | | | | | | | | | | | | |
| Amount of water you drink each day (how many 8-oz. glasses, or how many quarts?): | | | | | | | | | | | | |
| Amount of coffee, tea, or caffeine drinks you drink in a day: | | | | | | | | | | | | |
| Have you had any fractures since your first BodyTalk session? If so, what and when? | | | | | | | | | | | | |
| Have you had any surgeries since your first BodyTalk session? If so, what and when? | | | | | | | | | | | | |
| Interested in receiving a monthly newsletter by email? [ ] Yes [ ] No  *Includes wholistic health tips, special offers, and more*  If Yes, please provide the email address you’d like me to use: | | | | | | | | | | | | |
| Please write anything else about how you feel your BodyTalk sessions are helping or not helping: | | | | | | | | | | | | |