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| **InJoy BodyTalk**Tone-Lise Stenslie,CBP, ParamaBP, CNinjoybodytalk@gmail.com | **Client Followup** | **701-258-9418**Dakota Natural Health Center705 East Main AvenueBismarck, 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: |