

FOLLOW UP CHECK LIST



ABOUT YOU

Name Date of birth

Address

E-mail Tick box to receive email newsletters

Phone number Date

Please complete the symptom follow-up section below by ticking the relevant box. These symptoms are what you feel *currently* compared to your last appointment.

Symptoms	Never had	Much worse	A little worse	No change	A little better	Much better	Resolved	Comments
Fevers								
Sweats								
Chills								
Flushing								
Fatigue, tiredness, poor								
Stamina								
Unexplained hair loss								
Swollen glands								
Sore throat								
Testicular pain								
Pelvic pain								
Unexp. Menstrual								
Irregularity								
Breast pain								
Bladder irritability/ Dysfunction								
Sexual dysfunct./loss of libido								
Nausea								
Constipation								
Diarrhoea								
Chest pain								
Rib soreness								
Shortness of breath								
Cough								
Heart palpitations, pulse skips								
Neck stiffness/backstiffness								

