

TLC Patient Follow Up Log

Please record the following items for the doctor just prior to your next visit.

On average, how many ounces of pure **water** have you consumed on a daily basis?

_____ ounces per day OR _____ glasses(8oz) of H2O ___ Same___ Improved

Did you follow the **diet** recommended? ___ Yes ___ No ___ Partially

Did you Limit **carbohydrates**? ___ Yes ___ No ___ Partially

Did you avoid your **food allergies**? ___ Yes ___ No ___ Partially

Did you **exercise**? ___ Yes ___ No ___ Sometimes

Is this? ___ Same ___ Improved ___ Greatly Improved

What types of **exercise**? _____

How many **bowel movements** per day? _____ Same_____ Improved _____

In the Table below detail your **supplementation regime**

Supplement	Sporadically	Regularly	Dose	w/food	45 min before meal OR 2 hr post	at bedtime	Times per day	+/- results
Orchard JP+								
Garden JP+								
Vineyard JP+								
Propax								
Glutagenics								
Vitalzyme								
Essential Probiotic								
Digestzyme								
Detoxamin							/wk	
Vitamin D								
Magnesium Sulfate/Glycinate Iodoral								

How's your **Sleep**: ___ Same ___ Improved ___ Greatly Improved

How many hours/ night? _____ If you awake during the night, how often? _____

Describe your **Energy**: ___ Same ___ Improved ___ Greatly Improved

Rate your Average Daily Energy on a scale of 1-10 _____ (1= Best; 10=Worst)

Patient Name: _____
(Please Print)

DOB: _____

Patient Signature: _____

Date: _____