

This followup form will help you and Bel 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:
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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			
Allergies, Food				Itchy/Watery Eyes			
Angry Outbursts				Joint Pain			
Anxiety				Learning Difficulties			
Arthritis				Muscle Pain			
Asthma				Nasal Symptoms			
Bed Wetting				Nausea			
Cancer				Nervousness			
Constipation				Pain			
Depression				Panic			
Diabetes				Rashes			
Diarrhea				Rheumatoid Probs			
Digestive Problems				Shortness of Breath			
Dizziness/Vertigo				Sneezing			
Dryness				Stomach upset			
Fatigue				Stress			
Headache				Stroke			
Hearing Problems				Swelling			
Heart Arrhythmia's				Thyroid Problems			
Heart Condition				Vision Problems			
Heartburn				Vomiting			
High Blood Pressure				Other			

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?

Please write anything else about how you feel your BodyTalk sessions are helping or not helping: