

InJoy BodyTalk

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Client Followup**701-258-9418**

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 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 | | | |
| 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?

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: