

Dr. Angela Lee LLND
22 Richmond Street, Suite 201 Richmond Hill, ON L4C 3Y1
(t) 905 237 7031 (f) 905 237 7034
lymend.com

FOLLOW UP FORM

Please fill out this form and bring it to your next follow up appointment

NAME: _____

DATE: _____

DATE OF LAST VISIT: _____

| | |
|--|--|
| <p>IMPROVEMENTS (please list 3-5 symptoms that have improved, if any)</p> | |
| <p>WORSE (please list 3-5 symptoms that have become worse, if any)</p> | |
| <p>SAME (please list 3-5 symptoms that have not changed, if any)</p> | |

| | |
|--|-----------------------------|
| <p>Changes in Medications (please include date)</p> | |
| <p>Changes in Supplements (please include date)</p> | |
| <p>Overall scale of general well being (10 best, 1worst)</p> | <p>1 2 3 4 5 6 7 8 9 10</p> |
| <p>Dr. Lee's comment section: Date: _____</p> | |
| <p>Future suggestions:</p> | |
| <p>Date to follow up:</p> | |