

Earthwise Healing Arts Revisit Form

Please write or print clearly

Name:

Date:

What positive changes have you noticed since your last appointment?

What are your main concerns at this time?

Any changes with weight?

How is sleep?

Constipation or diarrhea?

How is your mood?

Are you cooking more?

What foods do you crave?

What's your diet like these days?

Breakfast

Lunch

Dinner

Snacks

Liquids

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Any other comments?

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