

Follow-up Form

Follow-up consultations are 30 minutes in length unless otherwise stated.

Name: _____ **Date:** _____

To prepare for our follow up consultation, please complete and return this form 2-3 days prior to our scheduled appointment. You may email it to tracey@bigpicturehealth.com.

1. Please complete a 3 day food journal, one day being a weekend day. See tables provided.
2. Concerns/Questions: identify your primary concerns or questions at this time in the space provided.

Food Journal Tables

Day 1:

DATE:	Food and Beverages and Amounts	How you felt (hungry, content, lonely, full, satisfied, unsatisfied, etc.) or symptoms
BREAKFAST Time:		
SNACK		
LUNCH Time:		
SNACK		
DINNER Time:		
SNACK		

EXERCISE: _____

Day 2:

DATE:	Food and Beverages and Amounts	How you felt (hungry, content, lonely, full, satisfied, unsatisfied, etc.) or symptoms
BREAKFAST Time:		
SNACK		
LUNCH Time:		
SNACK		
DINNER Time:		
SNACK		

EXERCISE: _____

Day 3:

DATE:	Food and Beverages and Amounts	How you felt (hungry, content, lonely, full, satisfied, unsatisfied, etc.) or symptoms
BREAKFAST Time:		
SNACK		
LUNCH Time:		
SNACK		
DINNER Time:		
SNACK		

EXERCISE : _____

List any questions or concerns below.