Follow Up Consultation Record Iridology Cases



Patient's Number: **Consultation Date:** Page 1 of 4 Changes in medication (under doctors supervision): Record details/ dosage Development in symptom picture/healing crisis: Ask the patient how they are feeling and whether there has been any im-Medical interventions/tests: Events since last consultation provement. Record details. Changes in Bowel situation? Record details Changes in menstruation/contraception: Changes stress and emotions: Life changes/stress since last consultation. Lifestyle changes implemented Record specifics of which of the following the patient has done since the last consultation. Increased exercise (type) yoga, meditation, tai chi / chi kung, rest, creativity activity, other habits.

Follow up Consultation Record Diet Changes



Page 2 of 4

Breakfast: Details	Meat: times per week	Water: litres per day filtered (yes/no)
	Chicken: times per week	Herbal teas: cups per day/week
	Fish: times per week	Fruit: pieces per day
	Cheese: times per week	Juices: type and litres per day
Mid-morning: Details	Butter: none/little/lots (state which)	Sprouts: kind and litres per week
	Eggs: number per week	Green Salads: times per week
	Milk: pints per week	Raw Garlic: times per week
Lunch: Details	Yogurt: times per week	Supergreens (Shop): yes/no amt taken
	Sugar: none/little/lots Honey: none/little/lots	Cayenne: yes/no amt taken
	Biscuits: none/little/lots	Spiriluna: yes/no amt taken
	Cakes: none/little/lots	Chlorella: yes/no amt taken
Mid-afternoon Snack: Details	Chocolate: none/little/lots	Engevita Yeast: yes/no amt taken
	Bread: white or brown and none/little/lots	Kelp: yes/no amt taken
	Rice: white or brown and times per week	Wheatgrass juice: yes/no amt taken
Evening Meal: Details	Pasta/Noodles: white or brown and times per week	Other organic food supplements: state kind and
	Salt: which type? none/little/lots	amt taken
	Tea: times per day (milk yes/no) (sugar spoons)	
	Coffee: times per day (milk yes/no) (sugar spoons)	Other Notes: use this space to record any other
Other Snacks: Details	Cigarettes: amount per day smoker in past?	important dietary information given by the patient
	Alcohol: kind and units per week	
	Recreational Drugs: reasons for question? (optional)	
	Tios. Gallonal Drago. Follono for question: (optional)	

Follow up Consultation Record Advice Given to Patient



Page 3 of 4

This information to be recorded by the student after the patient has left

Foods/substances to be eliminated: short list of foods/substances the patient agreed to eliminate completely. Bullet points!	Specific superfoods recommended:o List only those the patient will need to buy i.e. not included in the clinic nutritional powder
Foods/substances to be decreased: short list of foods/substances of which the	
patient agreed to decrease intake and by how much. Bullet points!	Lifestyle changes suggested review:
	Increased exercise(which type?) yoga, meditation, tai chi/chi kung, rest, creativity activity, other habits.
Foods/substances to be increased: short list of foods/substances of which the patient agreed to increase intake and by how much. Bullet points!	
	Patients enthusiasm this time? Report on the general understanding of the patient of the need for specific lifestyle changes.

Follow up Consultation Record Reflections



This information to be recorded by the student after the patient has left

Page 4 of 4

Patient progress:	Lessons learned by the student iridologist!:
Report on how the patient is progressing as a result of his/her iridology consultation	Describe what you have learned as a result of these two consultations. Give examples of how you would improve your approach to a case like this in the future.
Plans for future: Describe plans for possible future consultations if patient	
commits to follow advice given	