Recheck Progress Report

When sending in your recheck Saliva Sample, please enclose this form so we have an idea of how your treatment is going. ☺

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Have you taken your drops and supplements consistently? Yes\_\_\_\_\_\_\_ No\_\_\_\_\_
2. Are you feeling any different? Better\_\_\_\_\_ Worse\_\_\_\_\_\_ Same\_\_\_\_\_
3. Have you added any new medication to your daily regimen since your last visit?

Please list \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Please let us know how you are feeling, If you’ve had any changes good or bad. Do you have any other questions about your testing, results or health in general.

Feel free to make copies of this for your future recheck visits.