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 **2024.2**

**QUESTIONNAIRE FOR FOLLOW UP VISITS**

NAME:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**MEDICATIONS:** **PLEASE list all current medications**, including any pharmaceuticals and all nutritional supplements **INCLUDE DOSAGES**. Please do this for every visit or telephone consultation. **Please also note what effect, if any** you note from each of these, especially medications introduced since the last visit**. These lists are best kept on a computer and updated before each visit.**

Are there any new medications or supplements given since the last appointment, perhaps from another physician?

Do you need any prescription renewals?

**LABORATORY TESTING:** Is there any lab work that has been done recently?

**DIET:**

What diet is currently being followed? [GF/CF, yeast free, specific carb., etc.). How is the appetite?

What effect are seen from being on-or falling off- the diet her?

**ENVIRONMENT:**

-Since the last visit, has there been any significant exposure to airborne toxins (chemical fumes) or allergens (mould, pollens)? If so, has this had any effect on symptoms? Describe.

**THERAPY:**

Please outline any behavioural/speech/O.T./physio/psychological therapy are being done, and how it seems to be helping.

**INFECTIONS**:

-Since your last visit, has there been any significant infections (colds, skin infections, etc.)? What treatment did you use for them? Any persisting effects?

**DETOXIFICATION PROCEDURES (Clay baths, chelation, sauna):**

-Please describe what treatments, if any are being done, and the response seen….

**STRESS:**

Have there been any significant stresses/changes (physical or emotional) since the last visit?

**PROGRESS WITH BEHAVIOURAL AND PHYSICAL SYMPTOMS:**

Overall, since the last visit what symptoms are better, and what symptoms are unchanged or worse?

Describe any change for better or worse with all ongoing symptoms we are tracking-mood and behaviour and physical (neurological symptoms, bowel habits, allergies, etc.)? Have you observed any patterns related to their increase or decrease (diet, medications, stress, weather, etc.)?

**NEW HEALTH CONCERNS:** Are there any new concerns or questions that were not discussed at your last visit?