

# Nutritional Consult Follow Up

Name \_\_\_\_\_

Date \_\_\_\_\_

1. Are you taking your specific supplement protocol as prescribed by Dr. Bart? Please circle one.

100%    100-75%    75-50%    Other \_\_\_\_\_

2. Do you know "why" you are taking each supplement prescribed?  
Please circle one.

Yes    Sort of    I would like to review

3. Do you have any specific questions regarding your supplements?  
i.e. dosage, duration or expectations, purpose

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4. Are you currently taking any new or additional supplements/medications since your last visit?

Supplement/Medication	Reason for taking:
_____	_____
_____	_____
_____	_____

5. Do you have any other health concerns or objectives you would like to discuss? Please describe.

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6. Are you following the recommendations Dr. Bart provided you for dietary and food intake?

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