



## Pura Vida Foodology Planet-wide

Dr. AvatarNirvana Perez - Foodologist - NP MD PhD

Ensenada | Mexico | Costa Rica | Hawaii | Bali | Indonesia | Philippines | Thailand | Africa | New Zealand

### CLIENT FOLLOW-UP ASSESSMENT FORM

NAME: \_\_\_\_\_ PREFERRED MONIKER: \_\_\_\_\_

DAY: \_\_\_\_\_ DATE: \_\_\_\_\_ YEAR: \_\_\_\_\_ DOB: \_\_\_\_\_ AGE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

PREFERRED METHOD OF CONTACT:  Phone  Email  Other: \_\_\_\_\_

GENDER: \_\_\_\_\_ GENDER IDENTITY: \_\_\_\_\_

EMERGENCY CONTACT NAME: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

EMERGENCY CONTACT NAME #2: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

ANY CHANGES TO YOUR EMPLOYMENT?  Yes  No Explain: \_\_\_\_\_

ANY CHANGES TO YOUR DAILY TRANSPORTATION?  Yes  No Explain: \_\_\_\_\_

ANY CHANGES TO YOUR MEDICATIONS AND SUPPLEMENTS?  Yes  No

LIST ALL MEDICATIONS AND SUPPLEMENTS: \_\_\_\_\_

TELL US ABOUT ALL THE NEW THINGS IN YOUR LIFE: \_\_\_\_\_

HOW DO YOU FEEL TODAY? \_\_\_\_\_



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HOW MANY TIMES HAVE YOU POOPED TODAY? \_\_\_\_\_ TELL US ABOUT YOUR POOP (color, size, smell, chaff, floaties, texture, etc...): \_\_\_\_\_

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BEST THING TO HAPPEN SO FAR TODAY? \_\_\_\_\_

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HOW ARE YOU SLEEPING? \_\_\_\_\_

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NEW FAVORITE FOOD DISH / RECIPE? \_\_\_\_\_

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WHAT DID YOU HAVE FOR BREAKFAST? \_\_\_\_\_

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HOW DO YOU FEEL ABOUT ABOUT YOUR GUIDANCE PLAN SO FAR? \_\_\_\_\_

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WHAT CHANGES HAVE YOU NOTICED SINCE YOUR LAST ASSESSMENT? \_\_\_\_\_

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REASON FOR TODAY'S VISIT: \_\_\_\_\_

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**FILLED OUT BY DR. AVA PEREZ AND HER TEAM**

NAME: \_\_\_\_\_ TODAY'S DATE: \_\_\_\_\_

DATE OF FIRST CONSULT: \_\_\_\_\_ DATE OF LAST ASSESSMENT: \_\_\_\_\_

HEIGHT: \_\_\_\_\_ WEIGHT: \_\_\_\_\_ inches \_\_\_\_\_ cnt RIBS: \_\_\_\_\_ inches \_\_\_\_\_ cnt

WAIST: \_\_\_\_\_ inches \_\_\_\_\_ cnt HIPS: \_\_\_\_\_ inches \_\_\_\_\_ cnt

LEFT THIGH: \_\_\_\_\_ inches \_\_\_\_\_ cnt RIGHT THIGH: \_\_\_\_\_ inches \_\_\_\_\_ cnt

LEFT ARM: \_\_\_\_\_ inches \_\_\_\_\_ cnt RIGHT ARM: \_\_\_\_\_ inches \_\_\_\_\_ cnt

TREATMENT ASSESSMENT: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

CHANGES TO TREATMENT PLAN: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

ADDITIONAL NOTES: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*May your life be full of great joy with the health and abundance to enjoy it.*

*Dr. Ava Perez*