

First Name _____ Last Name _____

6/1/2018

6/16/2018

Total Symptom Scores - Before 75

After 25

Change -66%

Weight - Before 140

After 131

Change -9

Category
Symptom
% Score

100

90

80

70

60

50

40

30

20

10

0

DIGESTION

EMOTIONS

EYES

LUNGS

MIND

ENERGY

HEAD

EARS

MOUTH

SKIN

PAIN

NOSE

HEART

WEIGHT

