

Before your appointment:

___ / ___ / ___

Who you're seeing:

When:

Where:

My main worries:

My mental health – I've felt:



 Poo:

 Pain:

 Fatigue:

What do you hope to get out of this appointment?

After your appointment

How did it go?

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What needs to happen next?

- **My health professional has agreed to :**
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- **I've agreed to:**
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 **Weight:**

 **Test results:**