



Existing Patient Update

You are scheduled for an upcoming consult with our office. Please send an update to optimize consultation time. Please note that this is a requirement prior to each consult.

Please email an update to our office and include the following information:

1. General Update – progress, setbacks, list of concerns/biggest issues
2. **MUST HAVE** Current detailed list of supplements and medications (names, doses, frequencies, good and bad reactions), regardless of timing of last visit
3. Current stool and sleep pattern
4. Current diet (include the starting date if on a special diet and note general response to diet – good or bad)
5. Current therapy (types and hours/week for each therapy)
6. If applicable, please also include a list of supplements or medications that have caused bad reactions in the past (and specify the reaction – for example, if something that was supposed to be calming caused increased hyperactivity or stimming).
7. What are your goals and/or specific questions for this consultation?

PRIOR TO YOUR CONSULTATION,
PLEASE EMAIL THIS INFORMATION TO:
IHEALTHNOW@IHEALTHNOW.ORG

Thank you,

Dr. O'Hara
Dr. Szakacs