

# The Art of the Follow-Up

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*A recording of "The Art of the Follow-up" is available to all AHG members at our website – [www.americanherbalistsguild.com](http://www.americanherbalistsguild.com). The following outline, which readers can use to accompany this recording, was originally published in the AHG 2007 Symposium Proceedings book.*

Proper skills for evaluating patient progress, adherence, and possible adverse effects on the follow-up visit are essential for overall progress in a chronic disease case. New symptoms, changes in the course of illness, or the patient's own inability to accurately assess progress may all present confounding obstacles to evaluation of overall progress. This article outlines key interview skills, relationship-building skills, and overall strategic thinking for the follow-up.

## **For a chronic complaint, the initial intake should include:**

- A subjective rating of overall health
- PQRST Evaluation of the chief complaint and any other complaints
- A complete review of systems
- The presence or absence of various "red flag" symptoms indicating a referral
- A complete past medical history, with illnesses, allergies, traumas, surgeries, etc.
- Any herbs or supplements currently taken
- Any pharmaceuticals currently taken, with accurate names
- A history of adverse effects to drugs, herbs, or supplements
- An overview of the diet and review of a diet diary
- Assessment of lifestyle including exercise, rest, addictions, etc.

## **The initial evaluation should include:**

- An overall hypothesis of what is going on
- A long-term plan based on that hypothesis
- A short-term strategy
- These must each be negotiated and discussed with the client
- An evaluation of how willing the client is to make substantial changes

## **Case Analysis Homework between visits:**

- Homework on the condition involved
- Evaluation of side effects of medications to the case, and of drug withdrawal issues
- Evaluation of possible contribution of nutrient deficiencies to the case (See nutrient deficiency checklist below)

## **Reevaluate on follow-up:**

- An evaluation of adherence
- A subjective rating of overall health
- Reassess PQRST evaluation of the chief complaint, any other complaints, and any new complaints
- Information forgotten on the first intake
- A complete diet diary, if possible
- Possible side effects of the medications taken
- General education in relevant areas of the case – personalized handouts

## **Follow-up evaluation:**

- Adherence
- Subjective and objective changes
- Reevaluation of overall theory and long-term plan
- Negotiated changes or additions to the treatment plan



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## Assessment by PQRST checklist

PQRST is a mnemonic device for asking about symptoms. This assessment checklist system may be used for general assessments, or specifically for pain.

### P = Provocation and Palliation

- What causes it?
- What makes it better?
- What makes it worse?

### Q = Quality and Quantity

- How does it feel, look or sound?
- How much of it is there?

### R = Region and Radiation

- Where is it?
- Does it spread?

### S = Severity and Scale

- Does it interfere with activities?
- How does it rate on a severity scale of 1 to 10?

### T = Timing and Type of Onset

- When did it begin?
- How often does it occur?
- Is it sudden or gradual?

## Dietary Assessment

A quick dietary interview technique for the intake:  
Ask the client to indicate their:

	Most nutritious	Usual	Least nutritious
Breakfast	_____	_____	_____
Lunch	_____	_____	_____
Snack	_____	_____	_____
Dinner	_____	_____	_____

This allows you to quickly assess not only what the patient is eating, but their values and opinions of diet and nutrition. It also provides a lead-in to asking for changes within the patient's value system – just ask them for instance, to eat their best breakfast five times in the next week.

### 4-Day Diet Diary

For the follow-up a more thorough assessment of the diet is possible.

- When asking the patient, on the intake, to fill out a diet diary, be sensitive and even inquire if there are emotional issues involved. If these are extreme, you can ask the patient to do the diary, but just keep it for themselves. Some degree of self-correction usually occurs when an individual goes through the process.
- Accuracy, including binge foods, is essential and this must be emphasized. Assure the patient there will be no judgment. Studies have shown that false reporting is the norm on diet diaries, and results can be improved with a frank discussion

“For four days, starting at any time of day you like, but for four full daily cycles, do a thorough diary of everything you eat or drink, of your activities, and your mood, emotions, and energy level, in the following format of columns:

**Day/time    Food/Drink    Activity    Mood/energy**

On follow-up, assess:

- Any emotional issues that came up around the diary
- Discuss whether it is accurate or not
- Assess the diet according to your education, training, or experience in nutrition
- Look for nutrient poor foods or snacks and suggest more nutritious substitutes

## From a symptom checklist

Score:	frequent	occasional	rare
severe	5	3	1
mild	4	2	

  

Joints and Muscles	Pt #1		Pt #2	
	Week 1	Week 6	Week 1	Week 3
pains or aches in joints	5	2	5	3
stiffness	4	2	2	0
pains or aches in muscles	5	2	3	0
weakness	4	2	0	0
numbness	4	1	2	0
swelling in hands or feet	0	0	2	0

  

M-skeletal symptom score	22	9	14	3
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## Symptom Checklist

Assess your symptoms before and after your Six-Week Substitution Program to measure what progress you've made. Photocopy this checklist and measure your general state of health from time to time.

0. never have the symptom
1. rarely have the symptom
2. occasionally have the symptom, effect not severe
3. occasionally have the symptom, effect is severe
4. frequently have it, effect is not severe
5. frequently have symptom, effect is severe

### Head

- headaches
- faintness
- dizziness
- insomnia
- drowsiness
- other

### Eyes

- watery or itchy
- swollen, or sticky eyelids
- dark circles under eyes
- blurred vision
- spots before eyes
- other

### Mouth and Throat

- chronic coughing
- frequently clearing throat
- frequent sore throat
- hoarseness
- metallic taste
- cancer sores
- dry or itching mouth
- other

### Ears

- itchy ears
- ear aches, ear infections
- drainage from ear
- ringing in ears, hearing loss
- fullness of ears
- other

### Nose

- stuffy nose, smell altered
- sinus problems
- hay fever
- sneezing attacks
- excessive mucus
- other

### Digestive Tract

- nausea or vomiting
- diarrhea
- constipation
- bloated feeling
- belching or passing gas
- stomach pains or cramps
- heartburn
- other

### Joints and Muscles

- pains or aches in joints
- arthritis
- stiffness
- pains or aches in muscles
- weakness
- numbness
- swelling in hands and feet
- other

### Heart

- irregular heart beat
- rapid or pounding heart
- chest pain
- other

### Energy and Activity

- restless
- fatigue, sluggishness
- apathy, lethargy
- hyperactivity

### Mind

- poor memory
- poor comprehension
- poor concentration
- poor physical coordination
- difficulty making decisions
- stuttering
- learning disabilities
- other

### Skin

- acne
- hives, rash, or dry skin
- hair loss
- flushing or hot flashes
- excessive sweating
- change in colour
- dandruff
- other

### Lungs

- chest congestion
- asthma, bronchitis
- shortness of breath
- difficulty breathing

### Weight

- present weight \_\_\_\_\_ pounds
- binge eating/drinking
- water retention
- crave certain foods
- which ones?

### Emotions

- mood swings
- anxiety, fears
- nervousness
- anger irritability
- aggressiveness
- depression
- other

### Other

- frequent illness
- frequent/urgent urination
- genital itch or discharge
- anything else?

- Look for soft drink consumption and suggest substitutes
- Look for common high-sensitivity foods eaten frequently, especially if a physical or mood symptom regularly appears afterwards.
- A final useful question: “OK, this diary looks pretty good. What do you eat when you don’t eat this way, when you are in a hurry, or stressed?” Then: “How often does that occur?”

## Symptoms of a common nutrient deficiencies

Symptom	Nutrient	Symptom	Nutrient
acne	EFA, vitamin A, vitamin B-6, zinc	diarrhea	EFA, niacin, vitamin D, zinc
agitation	calcium, magnesium	disorientation	magnesium
alopecia (hair loss)	copper, EFA, riboflavin, vitamin B-6, zinc	dizziness	iron, riboflavin, vitamin B-12, vitamin B-6
anemia	copper, iron, magnesium, vitamin B-6	eczema	EFA, zinc
anemia (megoblastic)	folate	edema (swelling, water retention)	magnesium, potassium
anorexia (poor appetite)	folate, iron, magnesium, niacin, thiamine, vitamin B-6, zinc	eczema	calcium
anxiety	calcium, chromium, EFA, excess alcohol, exc. caffeine, sugar, magnesium, niacin, pyridoxine, thiamine	fatigue	chromium, copper, excess caffeine, excess sugar, folate, iron, magnesium, niacin, potassium, thiamine, vitamin A, vitamin B-12, vitamin B-6, vitamin C, vitamin E, zinc
apathy	folate, zinc	gallstones	EFA
brittle nails	calcium, iron, zinc	gums, bleeding	vitamin C
canker sores	niacin	hair, dry	EFA, vitamin A
cognitive impairment	calcium, potassium	hallucinations	magnesium
cold hands and feet	magnesium	headache	folate, iron, vitamin B-12, niacin
cold, sensitivity to	iron	hyperactivity	calcium, copper, iron, magnesium, niacin, pyridoxine, thiamine, zinc
constipation	folate, iron, potassium, thiamine, vitamin B-12	high cholesterol	chromium, copper, potassium, selenium, zinc
delusions	calcium	hypertension (high blood pressure)	calcium, magnesium, potassium
depression	calcium, copper, excess caffeine, excess sugar, folic acid, iron, magnesium, niacin, potassium, riboflavin, rubidium, thiamine, vitamin B-12, vitamin B-6, vitamin C, zinc		

## Mineral Deficiency Worksheet

Name _____		Date _____
calcium	iron	selenium
chromium	lithium	thiamine
copper	magnesium	vitamin C
EFA	niacin	vitamin A
excess caffeine	pantothenic acid	vitamin B-12
excess sugar	potassium	vitamin E
excess alcohol	pyridoxine	vitamin B-6
folate	riboflavin	vitamin D
iodine	rubidium	zinc

Symptom	Nutrient	Symptom	Nutrient
hypotention (low blood pressure)	magnesium, potassium	muscle tremor	magnesium
immunodepression	copper , EFA, folic acid, iodine, iron, magnesium, pantothenic acid, riboflavin, selenium, vit A, vit B12, vit B6, vit C, vit D, vit E, zinc	muscle weakness	magnesium, niacin, potassium
impotence	zinc	nausea	magnesium, niacin, vitamin B6
infertility (male or female)	EFA	nervousness	calcium, magnesium, potassium, thiamine, vitamin B6, vitamin D, calcium, thiamine, vitamin B12
infertility (male)	zinc	numbness of limbs	calcium, iron, vitamin B12
insomnia	calcium, copper, folate, iron, magnesium, niacin, potassium, vitamin A, vitamin D	Palpitations	calcium, zinc
irritability	calcium, excess sugar, iron, lithium, magnesium, niacin, thiamine, vitamin B-12, vitamin B6, vitamin C	paranoia	calcium, magnesium
kidney stones	magnesium	parasthesia (nerve tingling, etc)	calcium
legs, restless	folate, calcium, magnesium	Periodontal disease	niacin, riboflavin
Lethargy	zinc	skin inflammation	magnesium
memory, poor	folate, niacin, thiamine, zinc	startle reflex	vitamin C
mental confusion	iron, magnesium, niacin, thiamine	teeth, loose	calcium
muscle cramps	calcium, magnesium	tooth decay	magnesium
muscle pain	magnesium	vertigo (dizziness)	riboflavin
muscle spasm	calcium	vision, blurred	vitamin A
muscle tension	calcium	vision, night blindness	copper, folate, thiamine, vitamin B6
		weakness	vitamin C, zinc, EFA, vitamin B6
		wound healing, slow	