Case St	udy #		
• N:	ame (or Initials):		
• A	ge:		
• G	ender: □ (Male □ (Female		
Current	Diet & Lifestyle Notes: (e.g., picky eater, active, sleeps well/poorly)		
	foncern(s): What symptoms is your child experiencing?		
(Describe	e in detail: when it started, frequency, severity)		
What do	you think may have triggered this issue?		
□ Grow	th spurt / teething		
□ Poor diet / lack of nutrients / junk food binge (kids parties etc.)			
□ Stress / emotional factors / big changes (ie. daycare or new babysitter)			
□ Recen	at illness		
□ Unkno	own		
□ Other:			

Minerals Used & Dosing Plan

Biochemic Mineral(s)	Reason Chosen	Dosage Given	Start Date
Eg. Ferr phos & Kali mur	Onset of illness, fever. Swollen lymph nodes.	1 tablet 6x per day. 1 tab 6x p/day.	DD/MM/YY

Observations & Progress Tracking

Date	Noticeable Changes (Better, worse, no change)
DD/MM/YY	Eg. Fever reduced, lymph node swelling resolved, more energy.

Final Outcome & Reflection

How long did it take to notice improvement?
O Within a few hours.
O+1-3 days.
O1 week.
O More than 2 weeks.
How much did your child improve overall?
(On a scale of 1-10, where 1 = No Improvement & 10 = Fully Recovered)
Score: / 10
Would you use these minerals again for this issue?
○ Yes! It worked well.
O Maybe, with adjustments.
O No, I would try something different.
Additional notes or insights:
Date Completed: