

## Case Study #

- **Name (or Initials):** \_\_\_\_\_
- **Age:** \_\_\_\_\_
- **Gender:** ☐ Male ☐ Female

**Current Diet & Lifestyle Notes:** (e.g., picky eater, active, sleeps well/poorly)

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**Health Concern(s): What symptoms is your child experiencing?**

(Describe in detail: when it started, frequency, severity)

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**What do you think may have triggered this issue?**

- ☐ Growth spurt / teething
- ☐ Poor diet / lack of nutrients / junk food binge (kids parties etc.)
- ☐ Stress / emotional factors / big changes (ie. daycare or new babysitter)
- ☐ Recent illness
- ☐ Unknown
- ☐ 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?**

- ☐ Within a few hours.
- ☐ 1-3 days.
- ☐ 1 week.
- ☐ 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.
- ☐ Maybe, with adjustments.
- ☐ No, I would try something different.

**Additional notes or insights:**

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**Date Completed:** \_\_\_\_\_