



## Doctors Blank Template

Fill Out and Take Along to Your  
Doctor's Visit

Name:

Age:

Weight:

Height:

Health conditions or biggest complaints:

Ongoing Symptoms:

*Most recent lab results*  
*(and a list of standard labs to request each year if they haven't been done.*  
*Add your own labs as well if symptomatic or concerned about anything not listed)*

Test Name	Date of Test	Result	Extra Info
TSH (thyroid)			
Free T4 (thyroid)			
Free T3 (thyroid)			
Reverse T3 (thyroid)			
TPO and TGAB (antibody test)			
Fasting Cholesterol			
Pregnenelone			
DHEA			
Estradiol			
Progesterone			
Free testosterone			
Total Testosterone			
Iron Serum and Saturation			

Ferritin			
UIBC			
TIBC			
B12 and MMA			
D-25			
CBC			
CMP			

*Additional testing:*

Diurnal Saliva Cortisol test (best done by ND or ordered online here and done at home)

Any stool testing/saliva/urine or hair analysis:

DUTCH Testing for hormones:

***Food and lifestyle (please provide a detailed examples)***

Typical breakfast:

Typical lunch:

Typical dinner:

Snacks:

Water intake

Alcohol:

Exercise:

Work:

Sleep:

Hobbies:

Stress:

What are you doing consistently for fun?

*Supplements and medications*

Type	Dosage	How many times per day	Extra Notes

*Treatment modalities can be anything conventional (ex: physical therapy) or functional/holistic (like massage or Kinesiology)*

Treatments I have been tested for or tried.	Date	Results	Extra notes

Goals for this visit:

Goals for my future health: