CONSULTATION TRACKING SHEET

This form should be completed for EACH patient by the CONSULTING PRACTITIONER
(NOT to be completed by the patient)

Consult Date: _____ Practitioner Name: _____

Check seminars you've attended: ☐ 2007 BASIC Female Hormones ☐ 2007 ADVANCED Female Hormones
☐ 2006 Female Hormones-Part 1 ☐ 2006 Female Hormones-Part 2 ☐ 2007 Male Steroid Hormones ☐ Cardiovascular
☐ 2006 Thyroid, Adrenals, Pancreas & Male Hormones ☐ 2007 Thyroid, Adrenals & Blood Sugar
☐ Fibromyalgia/Chronic Fatigue ☐ _____

Accompanying Paperwork: ☐Female/Male History Quest. ☐Hair Analysis ☐eFHP ☐ePHP/PostM ☐STP ☐ASI
☐eMHP ☐GI Panel ☐Blood work ☐Symptom Survey ☐Other _____

Have we consulted about this patient before? ☐ Yes ☐ No

Patient's Name: _____ Age: _____ Male / Female

Relationship to patient (if any): _____

Reason(s) for consultation: _____

Surgeries: _____

Meds List: _____

Current Supplements: _____

FAX NUMBERS:

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