



DR. DANA Q. PLETCHER

DR. JEFF J. WATKIN

Patient Name _____

Today's Date _____

Name of Test _____

Test Date _____

Hormone Progress Report

1. What are the current hormones you are taking now? List the dose you take of each. _____

2. What has changed for the better in your health since your natural hormone prescription. _____

3. What, if anything, has gotten worse? _____

4. Date your last menstruation began (or last period before menopause). _____

5. Date of your last pelvic exam and PAP. _____

6. Date of your last bone density scan (DEXA). _____

7. List your primary hormonal concerns now. _____

Signature of Patient

Date

Signature of Consulting Doctor

Date

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