

FOLLOW UP FORM

Please email this completed form before each scheduled visit. Attach an additional sheet if necessary

Please list any new problems or concerns:

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Please list all your current prescription medications, dose/schedule, including compounded. For those prescribed by another physician, please include physician name and reason for medication.

Please list any changes in medications, diet, or nutrient protocol here.

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Please list any changes in mood, sleep, energy, skin, pain, weight, or elimination, or any other notes:

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MEDICATION REFILL REQUEST FOR REGULAR AND/OR COMPOUNDED MEDICATIONS

If you need medication refills, please list here, please make sure to include the following information for each prescription refill requested. Name of Pharmacy-prescription number-medication name and form--concentration/dose. Please make sure to note if you prefer A different dispensing amount than two months for all compounded medications, or if you wish for me to prescribe a three month supply to a mail order pharmacy. Please remember that some insurances request for a form to be completed before a three month supply can be ordered for any medication, and include that form here if your insurance Requires it.

- ☐ Please attach your nutrient protocol, annotating any changes to reflect how you are actually taking it.
- ☐ Please include in a separate sheet any protocol items that you may need to order directly through the office, or attach a PERC Order request form to your email. Please remember to include brand, name, form, size, qty.