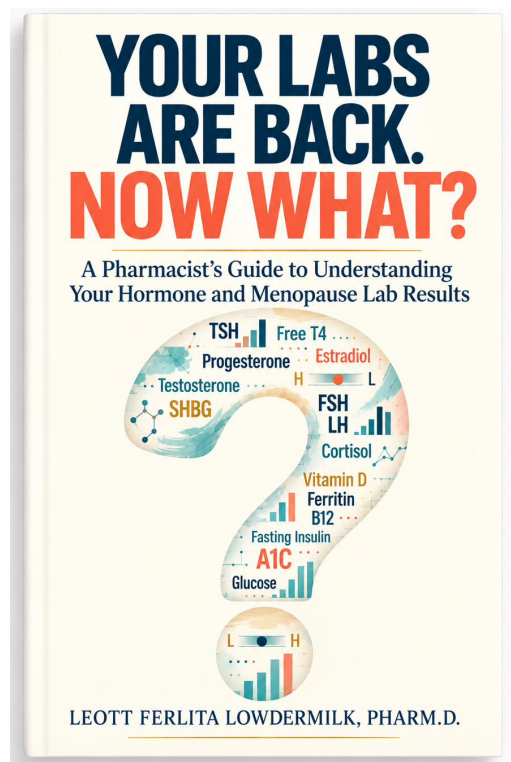




FREE COMPANION WORKSHEETS

Your Results, in One Place

These are the worksheets from *Your Labs Are Back. Now What?*, one for each chapter.

Type right into this PDF, or print it and fill it in by hand. Use a fresh copy each time you have labs drawn, and save the old ones. Your past results are some of the most useful numbers you have.

Fill in what you can before your appointment, and bring it with you. It will help you and your provider have a much better conversation than “Is this number normal?”

Worksheets

Chapter 1	Before You Test	2
Chapter 2	Your Results: Estrogen	4
Chapter 3	Your Results: Progesterone	6
Chapter 4	Your Results: Testosterone and DHEA	8
Chapter 5	Your Results: FSH & LH	10
Chapter 6	Your Results: Cortisol	12
Chapter 7	Your Results: Thyroid	14
Chapter 8	Your Results: The Other Labs That Matter	16
Chapter 9	Your Results: The Whole Panel	18
Chapter 10	Your Results: Red Flags	21
Chapter 11	Your Results: What Comes Next	25

For education only. This is not medical advice. Lab reference ranges vary from one laboratory to another. Always compare your results to the range printed on your own lab report, and read them with a provider who knows your full history. Don't start, stop, or change any medication, hormone, or supplement based on these worksheets. Talk with your prescriber or pharmacist first. If you have urgent symptoms like chest pain, trouble breathing, heavy bleeding, sudden weakness, or thoughts of harming yourself, call 911 or go to the nearest emergency room.

© 2026 Leott Ferlita Lowdermilk / Mitchell Custom Care, LLC, d/b/a Dr. Leott's Custom Care. You may print and copy these worksheets for your own personal use. drleott.com

Before You Test

Use this page before your next lab visit, or to organize results you already have.

Date of test: _____ Time of collection: _____

Type of test: ☐ Standard blood draw ☐ Saliva ☐ Fingerstick blood spot ☐ Urine ☐ Not sure

What question am I trying to answer?

My main symptoms right now

☐ Fatigue ☐ Brain fog ☐ Hot flashes/night sweats ☐ Poor sleep ☐ Mood changes ☐ Weight/body changes
☐ Low libido ☐ Irregular or heavy periods ☐ Other: _____

How long have these been going on? _____

My cycle status

☐ Regular periods: First day of last period _____

☐ Irregular periods

☐ No period for 12 months or more

☐ Not sure

Also applies to me: ☐ Using hormonal birth control ☐ Hormonal IUD ☐ Hysterectomy (ovaries kept)

☐ Hysterectomy (ovaries removed) ☐ Other: _____

Am I on hormone therapy? ☐ No ☐ Yes

Hormone	Product name	Form (pill, patch, gel, cream, pellet, etc.)	Dose	Time of last dose before lab
Estrogen				
Progesterone				
Testosterone				
DHEA				
Other				

Pellets: date of last insertion: _____

Other medications

Supplements (include biotin, iron, vitamin D, B vitamins)

Questions for my provider

1. _____
2. _____
3. _____

Your Results: Estrogen

Date of draw: _____ Time: _____ Lab: _____

Estradiol test method: ☐ Standard ☐ Sensitive / LC-MS/MS ☐ Not sure

My results

Test	My result	Lab reference range	Range I'm comparing to
Estradiol (E2)			
Estrone (E1)			
Estriol (E3)			

Range I'm comparing to: ☐ Premenopausal (cycle phase: _____) ☐ Postmenopausal ☐ None applies (on HRT)

My cycle status

- ☐ Regular periods — First day of last period: _____ Cycle day of this draw: _____
- ☐ Irregular periods ☐ No period for 12 months or more
- ☐ Hysterectomy (ovaries kept) ☐ Hysterectomy (ovaries removed)
- ☐ Hormonal birth control: ☐ Pill ☐ Patch ☐ Ring ☐ Hormonal IUD ☐ Other: _____

Am I on hormone therapy? ☐ No ☐ Yes

Hormone	Product name	Form	Dose / strength	How often	Last dose (date & time)
Estrogen					
Progesterone					
Other					

- ☐ Conjugated estrogens (Premarin or similar)
- ☐ Compounded (Bi-est, Tri-est, other) — Estrogens and ratio from the label: _____
- Patch: day of the patch when blood was drawn: _____
- Pellets: date of last insertion: _____
- Gel or cream: where I apply it: _____ Blood drawn from: ☐ Same arm ☐ Other arm ☐ Not sure
- ☐ I take oral estrogen — ask whether my SHBG, thyroid, or cortisol results should be read differently

Before my draw, I was taking: ☐ Biotin ☐ Other supplements: _____

Symptoms I want to discuss

☐ Hot flashes/night sweats ☐ Vaginal dryness or discomfort ☐ Urinary symptoms ☐ Poor sleep ☐ Mood changes ☐ Brain fog ☐ Joint aches ☐ Changes in desire ☐ Breast tenderness ☐ Bloating ☐ Headaches ☐ Heavy or irregular bleeding ☐ Other: _____

Why was this test ordered? What question was it meant to answer?

Does this result match how I feel, or is there a mismatch?

Will this result change what my provider and I do next?

Questions for my provider

1. _____
2. _____
3. _____

Your Results: Progesterone

Date of test: _____ Time of collection: _____

Type of test: ☐ Standard blood draw ☐ Saliva ☐ Fingerstick blood spot ☐ Urine ☐ Not sure

My results

Test	My result	Units	Lab reference range
Progesterone			
Estradiol, same draw (if tested)			

Progesterone test method: ☐ Standard ☐ LC-MS/MS ☐ Not sure

Range I'm comparing to: ☐ Premenopausal (cycle phase: _____) ☐ Postmenopausal ☐ None applies (on therapy)

My cycle status

☐ Still cycling: First day of last period _____ Cycle day of this draw: _____ Next period expected: _____

☐ Still cycling but irregular, not sure where I was

☐ No period for 12 months or more ☐ Not sure

Also applies to me: ☐ Hysterectomy (ovaries kept) ☐ Hysterectomy (ovaries removed) ☐ Other: _____

Am I using progesterone therapy? ☐ No ☐ Yes

Form: ☐ Oral micronized progesterone (capsule) ☐ Vaginal ☐ Cream ☐ Troche or sublingual

☐ Other: _____

Product and strength: _____ Dose: _____ How often: _____

Time of last dose: _____ Taken with food? ☐ Yes ☐ No ☐ Not sure

Cream: where I apply it: _____

Am I using something this test won't measure? (check all that apply)

☐ Medroxyprogesterone (Provera) ☐ Norethindrone ☐ Levonorgestrel IUD (Mirena, others)

☐ Birth control pill, patch, or ring ☐ Other progestin: _____ ☐ None

Estrogen and my uterus

☐ I use estrogen therapy and still have a uterus — ask whether my progesterone or progestin is protecting my lining

Symptoms I want to discuss

☐ Anxiety or feeling “wired” ☐ Irritability ☐ Trouble sleeping ☐ Heavier or irregular periods ☐ Breast tenderness ☐ Headaches before a period ☐ Drowsiness or “hangover” feeling on progesterone
☐ Other: _____

Why do I think this test was ordered? What question was it meant to answer?

☐ Confirm ovulation ☐ Understand bleeding ☐ Check a therapy ☐ Not sure

Will this result change what my provider and I do next?

Questions for my provider

1. _____
2. _____
3. _____

Your Results: Testosterone and DHEA

Date of test: _____ Time of collection: _____

Type of test: ☐ Standard blood draw ☐ Saliva ☐ Fingerstick blood spot ☐ Not sure

My results

Test	My result	Units	Lab reference range
Total testosterone			
Free testosterone			
SHBG			
DHEA-S			

Testosterone method: ☐ LC-MS/MS ☐ Immunoassay ☐ Not sure

Free testosterone method: ☐ Calculated ☐ Direct ☐ Equilibrium dialysis ☐ Not sure

Is the DHEA-S range for my age group? ☐ Yes ☐ No ☐ Not sure

My cycle status

☐ Still having periods ☐ Irregular periods ☐ No period for 12 months or more

☐ Ovaries removed (surgical menopause) ☐ Using hormonal birth control

Testosterone therapy? ☐ No ☐ Yes

Form: ☐ Cream or gel ☐ Pellet ☐ Injection ☐ Other: _____

Product and strength: _____ Dose: _____ How often: _____

Where I apply it: _____ Time of last dose: _____

Pellet insertion date (if pellets): _____

DHEA? ☐ No ☐ Oral (OTC or prescribed) ☐ Vaginal (prasterone)

Product and dose: _____

Estrogen therapy? ☐ No ☐ Oral ☐ Transdermal (patch, gel, spray) ☐ Vaginal

If my testosterone is high and I'm not taking it

- ☐ Partner uses testosterone gel ☐ Taking a "hormone support" supplement ☐ Irregular periods ☐ Acne
☐ Extra facial or body hair ☐ Scalp hair thinning ☐ Signs that came on quickly

Symptoms I'm hoping this explains

Other things that could explain these symptoms (sleep, stress, medications, other conditions)

Why do I think this test was ordered? What question was it meant to answer?

Questions for my provider

1.

2.

3.

Your Results: FSH & LH

Date of test: _____

Type of test: ☐ Blood draw ☐ Home urine menopause test ☐ Not sure

Test	My result	Lab reference range
FSH		
LH (if tested)		
Estradiol, same draw (if tested)		

Where was I in my menstrual cycle when this was drawn?

- ☐ Still cycling regularly: Day _____ of my cycle
- ☐ Still cycling but irregular, not sure where I was
- ☐ No longer having periods. Last period: _____
- ☐ Hysterectomy (ovaries kept) ☐ Not sure

Am I currently using any of the following? (check all that apply)

- ☐ Combined birth control (pill, patch, ring)
- ☐ Hormonal IUD or progestin-only birth control
- ☐ Estrogen therapy: ☐ Oral ☐ Patch, gel, or spray ☐ Pellet ☐ Vaginal only Dose: _____
- ☐ Progesterone or testosterone therapy: _____
- ☐ Biotin (including hair, skin, nail supplements or multivitamins). Last taken: _____
- ☐ Other hormone-affecting medication: _____
- ☐ None of the above

What symptoms am I experiencing? (hot flashes, sleep changes, mood changes, cycle changes, etc.)

Do my symptoms match what this FSH/LH result would suggest, or is there a mismatch?

Why do I think this test was ordered? What question was it meant to answer?

Questions for my provider

1. _____
2. _____
3. _____

Your Results: Cortisol

Date of test: _____ Time sample was collected: _____

Time I woke up that day: _____ ☐ I work nights or have an irregular sleep schedule

Result: _____ ☐ µg/dL ☐ nmol/L ☐ ng/mL ☐ Other: _____ Lab reference range: _____

Type of test

- ☐ Standard blood draw ☐ Dexamethasone suppression test ☐ Single saliva sample ☐ Late-night saliva
- ☐ Saliva curve (several samples) — Number of samples: _____ ☐ Fingertick blood spot
- ☐ 24-hour urine ☐ Dried urine (several times of day) ☐ Not sure

Why was this test ordered? What question was my provider trying to answer?

Was I sick, sleep-deprived, exercising hard, or under unusual stress around the time of testing?

- ☐ Yes — describe: _____ ☐ No

Hormones

- ☐ Oral estrogen (can raise total cortisol on a blood test)
- ☐ Transdermal estrogen (patch, gel, spray)
- ☐ Combined birth control (pill, patch, ring)
- ☐ Other hormone therapy: _____
- ☐ None

Steroids in the past few months (any form)

- ☐ Pills (such as prednisone) ☐ Joint or back injection — Date: _____
- ☐ Inhaler ☐ Nasal spray ☐ Steroid cream ☐ None
- Other medications that could affect cortisol: _____

What symptoms am I experiencing? (fatigue, sleep problems, weight changes, anxiety, cravings, etc.)

Does this result fit my symptoms and the rest of my picture, or is there a mismatch?

Questions for my provider

1.

2.

3.

Your Results: Thyroid

Date of test: _____ Time of blood draw: _____

Type of test: ☐ Standard blood draw ☐ Fingerstick blood spot ☐ Not sure

Test	My result	Units	Lab reference range
TSH			
Free T4			
Free T3 (if tested)			
TPO antibodies (if tested)			
TSI/TRAb, other (if tested)			

Is the TSH range adjusted for my age? ☐ Yes ☐ No ☐ Not sure

My previous TSH results (if I have them)

Date: _____ Result: _____ Date: _____ Result: _____

Have I ever been told I have a thyroid condition?

☐ Hashimoto's thyroiditis ☐ Graves' disease ☐ Hypothyroidism ☐ Hyperthyroidism ☐ Other: _____
☐ No

Am I taking thyroid medication?

☐ Levothyroxine (Synthroid, Levoxyl, Unithroid, Tirosint, generic)

☐ Liothyronine (Cytomel, generic)

☐ Desiccated thyroid (Armour, NP Thyroid, others)

☐ Other: _____ ☐ None

Dose: _____ Time of last dose: _____ Taken before my blood draw that day? ☐ Yes ☐ No ☐ Not sure

Am I using anything that could affect these results? (check all that apply)

☐ Biotin (including hair/skin/nail supplements or multivitamins). Last taken: _____

☐ Oral estrogen (pill). Started, stopped or changed recently? ☐ Yes ☐ No

☐ Transdermal estrogen (patch, gel, spray)

☐ Calcium or iron taken within 4 hours of my thyroid medication

- ☐ Iodine, kelp or “thyroid support” supplements
- ☐ Steroids (such as prednisone), lithium, amiodarone or other: _____
- ☐ Recent illness, surgery or hospitalization
- ☐ None of the above

Which symptoms am I experiencing? (check all that apply)

Slowing down: ☐ Fatigue ☐ Feeling cold ☐ Weight gain ☐ Constipation ☐ Dry skin ☐ Hair thinning ☐ Brain fog ☐ Low mood

Speeding up: ☐ Feeling hot or sweaty ☐ Racing or pounding heart ☐ Anxiety or jitteriness ☐ Trouble sleeping ☐ Unexplained weight loss ☐ Shaky hands

Do my TSH and Free T4 make sense together, and do they match how I feel?

Has my TSH changed compared with previous results? Should this be rechecked?

Why do I think this test was ordered? What question was it meant to answer?

Questions for my provider

1. _____
2. _____
3. _____

Your Results: The Other Labs That Matter

Date of blood draw: _____ Time of blood draw: _____ Lab name: _____

Type of test: ☐ Standard blood draw ☐ Fingerstick blood spot ☐ Not sure

Fasting before draw? ☐ Yes (_____ hours) ☐ No ☐ Not sure

Vitamin D — 25(OH)D

Result: _____ ☐ ng/mL ☐ nmol/L Lab reference range: _____

Currently taking vitamin D? ☐ No ☐ Yes — Form: ☐ D3 ☐ D2 ☐ Not sure Dose: _____

Reason for testing: ☐ Bone loss/osteoporosis ☐ Fracture history ☐ Absorption issue ☐ Medication

☐ High-dose supplement ☐ Other: _____

Ferritin

Result: _____ ng/mL Lab reference range: _____

Other iron studies (if done): Serum iron _____ Transferrin saturation _____ % Hemoglobin _____

☐ Still having periods ☐ Heavy or irregular bleeding ☐ Periods have stopped

☐ Taking iron supplement ☐ Recent illness or inflammation ☐ Family history of hemochromatosis

Vitamin B12

Result: _____ pg/mL Lab reference range: _____

Follow-up tests (if done): MMA _____ Homocysteine _____

Risk factors: ☐ Metformin ☐ Acid reducer (PPI or H2 blocker) ☐ Vegetarian/vegan ☐ GI condition or surgery ☐ Autoimmune thyroid disease ☐ Taking folic acid or B-complex

Fasting Insulin

Result: _____ μ IU/mL Lab reference range: _____

HOMA-IR (if reported or calculated): _____

☐ Taking insulin or other diabetes medication: _____

Fasting Glucose

Result: _____ mg/dL ☐ Below 100 ☐ 100–125 ☐ 126 or higher

A1C

Result: _____ % ☐ Below 5.7 ☐ 5.7–6.4 ☐ 6.5 or higher

Could anything affect my A1C? ☐ Low iron ☐ Low B12 ☐ Recent blood loss or transfusion ☐ Kidney disease ☐ Known hemoglobin variant

Other Metabolic Markers (if available)

Triglycerides _____ HDL _____ Blood pressure _____ Waist _____

SHBG

Result: _____ nmol/L Lab reference range: _____

Total testosterone: _____ Free testosterone: _____

Free testosterone method: ☐ Calculated ☐ Direct ☐ Equilibrium dialysis ☐ Not sure

Things that may affect my SHBG: ☐ Oral estrogen ☐ Transdermal estrogen ☐ Thyroid condition or medication ☐ Insulin resistance ☐ Testosterone therapy ☐ Other medication: _____

Before My Draw, I Was Taking

☐ Biotin ☐ Iron ☐ Vitamin D ☐ B12 ☐ Folic acid/B-complex ☐ Other: _____

Symptoms I Want to Discuss

☐ Fatigue ☐ Brain fog ☐ Mood changes ☐ Weight/body changes ☐ Muscle weakness ☐ Hair thinning
☐ Numbness/tingling ☐ Low libido ☐ Other: _____

Why do I think these tests were ordered? What question were they meant to answer?

Do these results match how I feel, or is there a mismatch?

Questions for My Provider

1. _____
2. _____
3. _____

Your Results: The Whole Panel

Use this page to pull your results out of the portal and into one place. Bring it to your next appointment.

Date of labs: _____ Time of draw: _____ Lab: _____

Type of test: ☐ Standard blood draw ☐ Saliva ☐ Fingerstick blood spot ☐ Urine ☐ Mixed ☐ Not sure

Fasting before draw? ☐ Yes (_____ hours) ☐ No ☐ Not sure

Why were these labs ordered? What question were they meant to answer?

My main symptoms at the time

☐ Fatigue ☐ Brain fog ☐ Hot flashes/night sweats ☐ Poor sleep ☐ Mood changes ☐ Weight/body changes
☐ Low libido ☐ Hair changes ☐ Irregular or heavy periods ☐ Other: _____

How long have these been going on? _____

My cycle status

☐ Regular periods: First day of last period _____ Cycle day of this draw: _____

☐ Irregular periods ☐ No period for 12 months or more ☐ Not sure

Also applies to me: ☐ Hormonal birth control ☐ Hormonal IUD ☐ Hysterectomy (ovaries kept)

☐ Hysterectomy (ovaries removed)

Am I on hormone therapy? ☐ No ☐ Yes

Hormone	Product name	Form	Dose	Last dose before draw
Estrogen				
Progesterone				
Testosterone				
DHEA				
Other				

Pellets: date of last insertion: _____

Medications and supplements that could affect these results

☐ Biotin ☐ Iron ☐ Oral estrogen ☐ Birth control ☐ Thyroid medication ☐ Steroid in any form, including a joint injection ☐ Metformin ☐ Acid reducer (PPI or H2 blocker) ☐ OTC DHEA ☐ Folic acid/B-complex
☐ Antidepressant ☐ Other: _____

My key results

Check the last column for anything you don't understand. Those are your questions.

Test	My result	Previous result (date)	Lab range	Don't understand
Reproductive hormones				
Estradiol				☐
Progesterone				☐
Total testosterone				☐
Free testosterone				☐
SHBG				☐
DHEA-S				☐
FSH				☐
LH				☐
Thyroid				
TSH				☐
Free T4				☐
Free T3				☐
TPO antibodies				☐
Metabolic				
Fasting glucose				☐
Fasting insulin				☐
A1C				☐
Triglycerides				☐
HDL				☐
Other				
Ferritin				☐
Vitamin B12				☐
Vitamin D (25-OH)				☐
Cortisol (time: _____)				☐
				☐

Connecting the dots

Which results are moving in the same direction, or drifting compared with before?

Which results change how I should read another one? (For example: SHBG and testosterone, iron and A1C, oral estrogen and thyroid or cortisol.)

Does anything here help explain my symptoms, or is there a mismatch?

Is there anything that should be repeated before we draw conclusions?

Questions for my provider

1.

2.

3.

Your Results: Red Flags

Use this page when a result or a symptom worries you. Work from the top down. Fill in the back page ahead of time, so it's ready when you need it.

Date: _____ What's worrying me: _____

Step 1: Is this a Go Now?

If you check anything in this box, stop here. Call 911 or go to the emergency room.

- ☐ Chest pain, chest pressure, or sudden shortness of breath
- ☐ Fainting
- ☐ Sudden weakness or numbness on one side, trouble speaking, confusion, facial drooping, or sudden vision changes
- ☐ Sudden, severe headache unlike my usual
- ☐ Palpitations with dizziness, chest discomfort, fainting, or shortness of breath
- ☐ Pain, swelling, warmth, or redness in one leg
- ☐ Soaking a pad or tampon every hour for more than two hours, or bleeding with dizziness
- ☐ Severe abdominal or pelvic pain
- ☐ Swelling of lips, tongue, or throat, or trouble breathing
- ☐ Severe weakness, vomiting, or confusion after stopping a steroid
- ☐ Thoughts of harming myself (call or text 988)

Step 2: Don't sit on this. Call my provider's office within a day or two.

- ☐ Any bleeding or spotting after menopause (Ch 3, Ch 10)
- ☐ Unexpected bleeding while using estrogen with a progesterone cream (Ch 3)
- ☐ Fast-changing hair growth, voice deepening, clitoral enlargement, or male-pattern balding (Ch 4)
- ☐ Testosterone well above the lab's range, or a very high DHEA-S (Ch 4)
- ☐ Periods stopped or became very irregular before age 40 (Ch 5)
- ☐ Low or normal FSH, low estradiol, and missing periods (Ch 5)
- ☐ Low or normal TSH with a low Free T4 (Ch 7)
- ☐ Low TSH with high Free T4 or T3, or a racing heart, shaky hands, or unexplained weight loss (Ch 7)
- ☐ Ferritin above about 200 with transferrin saturation above about 45% (Ch 8)
- ☐ Fasting glucose 126 or higher, or A1C 6.5% or higher (Ch 8)
- ☐ Vitamin D above about 150 ng/mL (Ch 8)

- ☐ Numbness, tingling, or balance problems with a B12 under about 300 (Ch 8)
- ☐ Cortisol far outside the range for its collection time, with symptoms (Ch 6)
- ☐ New breast lump, or new migraines with aura after starting estrogen
- ☐ The lab or my provider contacted me about a critical value

Step 3: Ask about this. Portal message or visit in the next few weeks.

- ☐ A result changed a lot from my previous one, even if it's still in range
- ☐ Several related results are drifting in the same direction
- ☐ A result is "in range" but doesn't fit (ferritin under 30, B12 in the gray zone, mildly high TSH, rising SHBG)
- ☐ My labs are "normal" but my symptoms aren't improving
- ☐ My hormone therapy isn't helping the way I expected
- ☐ A mildly flagged result with no symptoms

Not sure which bucket? Move up one.

What changed recently?

- ☐ New prescription: _____ ☐ Dose change: _____ ☐ Switched brands
- ☐ New supplement: _____ ☐ Stopped a medication: _____
- ☐ Started, stopped, or changed hormone therapy: _____ Date: _____
- ☐ Pellets inserted: Date: _____ ☐ Steroid in any form, including a joint injection: Date: _____
- ☐ Recent illness, surgery, or hospital stay ☐ Taking biotin ☐ None of these

My usual numbers vs. this result

Test	My usual result	This result	Date / notes

What I'll say when I call

"I received my lab results. My _____ is _____, and it was _____ last time.
Does this need to be addressed before my next appointment?"

"My _____ was marked abnormal, and I'm also experiencing _____. Should I be
evaluated sooner?"

"My results are within range, but I'm still having _____. What else should we consider?"

"I changed my _____ on _____, and since then I've noticed _____. Could the
change be related?"

What they told me

Who I spoke with: _____ Date: _____

Next step: ☐ Repeat the test ☐ More testing: _____ ☐ Appointment on: _____ ☐ Change a
medication ☐ Watch and recheck on: _____ ☐ Go to urgent care or ER

Fill this in ahead of time: who manages what

If several people are managing different parts of your health, write them all down. This is the page that helps someone look at the whole picture.

Provider	What they manage	Phone / portal	After-hours number
Primary care			
Gynecology			
Thyroid / endocrinology			
Hormone therapy prescriber			
Pharmacy			
Other			

Emergency: 911 | Crisis line: call or text 988 | Poison Control: 1-800-222-1222

My complete medication and supplement list

Name	Dose	How often	Prescribed by / bought where

Questions for my provider

1. _____
2. _____
3. _____

Your Results: What Comes Next

Use this page to organize your next steps before or after your appointment.

Date of labs: _____ Date of appointment: _____

Which results are we making a decision about?

Result	What we think it means	Decision
		☐ Watch ☐ Repeat ☐ Act
		☐ Watch ☐ Repeat ☐ Act
		☐ Watch ☐ Repeat ☐ Act
		☐ Watch ☐ Repeat ☐ Act

What we're considering

- ☐ Lifestyle changes ☐ Starting hormone therapy ☐ Changing my hormone therapy ☐ A supplement
☐ Stopping something ☐ More testing ☐ No change for now

Before adding anything new

- ☐ Could something I'm already taking explain this?
☐ Would this duplicate something I already take?
☐ Has my provider or pharmacist checked it against my full medication and supplement list?
☐ Could it affect my next lab results?
☐ Is there a test that should come first?

The plan

What we're changing	Why	How we'll know it's working	Recheck on

What I'm stopping or not starting, and why

Labs to repeat

Test	When	What we're hoping to see

Call sooner if

Questions for my provider

1.

2.

3.
