

Status Update Form

Name

Date of Birth

Appointment date

1. Vital signs: B/P_____ Heart Rate_____ Weight_____
2. When were the dates of your last labtests both routine and Tlab or specialty labs. Make sure you upload results from other practitioners to the portal
3. Please provide details on the symptoms you would like to address, and if it is better/worse/no change. for example:

Pain:

Sleep:

Fatigue:

Brain fog/cognitive:

Gastro/intestinal:

Anxiety/Depression:

Other:

4. What are your to 3 focused questions for this appointment? What do you want to get out of this appointment.

5. Let us know if you need medication refills AND/OR if you need a new lab order

6. Feel free to share any compliments or concerns for the staff

Save this document as a pdf and upload to the TMG secure drop box "Send to TMG" button