

**PROGRESS SUMMARY:** Please complete & return before your next appointment

Name: \_\_\_\_\_ Date: \_\_\_\_\_

**Description of Progress:**

**(a) What's better:**

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**(b) What's not better:**

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**Summary of What You Are Taking:**

**Prescription Hormones and Medicines:**

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**Vitamins and Minerals:**

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**Supplements and Herbs:**

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**Questions and Concerns to address at appointment:**

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

5. \_\_\_\_\_

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