

**PROGRESS REPORT QUESTIONNAIRE**

- \_\_\_ 1) Patient initial Appointment date scheduled \_\_\_\_\_
- \_\_\_ 2) Initial Intake Paperwork filled out and returned
- \_\_\_ 3) Initial Appointment kept \_\_\_\_\_
- \_\_\_ 4) Dietary Interventions Recommended \_\_\_\_\_
- \_\_\_ 5) Vitamins/Supplements Recommended (attach list)
- \_\_\_ 6) Labs done (attach list)
- \_\_\_ 7) Labs taken/sent home to complete (attach form/forms)
- \_\_\_ 8) Checklist Calendar provided to your office (list dates)
  
- \_\_\_ 9) Follow-up appointments scheduled and completed  
   Office Visit \_\_\_\_\_
- Phone Consult \_\_\_\_\_
- \_\_\_ Fax questions (attach form)
- \_\_\_ Email questions (attach form)
- \_\_\_ Phone questions (attach form)
- \_\_\_ 10) Other therapies recommended
  
- \_\_\_ 11) Appointments kept for other therapies in office