



## Phone Consultation Necessities

### PAPERWORK:

Fax or email your consultation paperwork directly to Dr. Annette's office. We request that all current test results and related paperwork must be received by your consulting practitioner **at least two business days prior** to your scheduled appointment. If you fail to submit your consultation paperwork two days prior to your appointment, we may elect to reschedule your appointment for not having ample time to review your case.

For each patient discussed, you **must** to supply the following:

- **Tracking Sheet** (completed by practitioner) – Provides Dr.'s chief concerns for patient and allows Dr. Annette to better prepare for consultation.
- **Female/ Male/Youth Health Questionnaire** (completed by patient) - Only needed at first consultation for each patient.
- **Recent Testing (if applicable)**
  - **Saliva Testing** – All pages of the *current* Diagnos-Techs test(s)
  - **Hair Analysis** – Only the levels/ratio graph page
  - **Blood Work** – All pages of recent lab work
- **Symptom Survey** (*optional*) (completed by patient)

All of the above mentioned forms are available for download on our website located under the area labeled "Professional Consults" ([www.endocrinewellnessgroup.com](http://www.endocrinewellnessgroup.com)). All forms can also be sent via email if requested. Please call 217-370-5060 if you have any questions.

**Fax: 217-210-0452    Email: [endocrinewellness@gmail.com](mailto:endocrinewellness@gmail.com)**

# ENDOCRINE WELLNESS

## TRACKING SHEET:

This form must be completed for EACH patient by the CONSULTING PRACTITIONER (NOT to be completed by the patient).

Date of Consult: \_\_\_\_\_ Practitioner Name: \_\_\_\_\_

Have we consulted on this patient before?  Yes  No

### Accompanying Paperwork:

- Female/Male/Youth Health Questionnaire  
 ASI  eFHP  PostM/ePHP  MHP/eMHP  GI Panel  
 Hair Analysis  Blood Work  Symptom Survey  Other: \_\_\_\_\_

Patient's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Male/Female

Relationship to Patient (if any): \_\_\_\_\_

Reason(s) for consultation:

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Surgeries:

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Medication List:

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Current Supplements:

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**FAX OR EMAIL COMPLETED FORM(s) TO CONSULTANT:**

**Annette Kutz Schippel, DC**

217-210-0452 (fax)

endocrinewellness@gmail.com