

# Hormone Blood Test

## Patient Information:

Patient Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Gender:

- Male
- Female
- Other

Address: \_\_\_\_\_

Contact Information: \_\_\_\_\_

## Test Request Details

### Requested Hormone Blood Tests

- Thyroid Function (TSH, T3, T4)
- Estrogen Profile (Estradiol, Estrone, Estriol)
- Testosterone
- Growth Hormone
- Cortisol
- Other (Specify): \_\_\_\_\_

### Reason for Testing

- Diagnosis of Symptoms
- Monitoring Hormone Levels
- Fertility Assessment
- Menopause Evaluation
- Other (Specify): \_\_\_\_\_

**Special Instructions or Comments:**

Ordering Physician's Name and Signature: Randall Pena

Request Date: \_\_\_\_\_

Laboratory Name: \_\_\_\_\_

Laboratory Address: \_\_\_\_\_

Laboratory Contact Information: \_\_\_\_\_

**Test Results:**

**Hormone 1:** \_\_\_\_\_

Result: \_\_\_\_\_

Reference Range: \_\_\_\_\_

Interpretation: \_\_\_\_\_

**Hormone 2:** \_\_\_\_\_

Result: \_\_\_\_\_

Reference Range: \_\_\_\_\_

Interpretation: \_\_\_\_\_

**Hormone 3:** \_\_\_\_\_

Result: \_\_\_\_\_

Reference Range: \_\_\_\_\_

Interpretation: \_\_\_\_\_

**Hormone 4:** \_\_\_\_\_

Result: \_\_\_\_\_

Reference Range: \_\_\_\_\_

Interpretation: \_\_\_\_\_

**Hormone 5:** \_\_\_\_\_

Result: \_\_\_\_\_

Reference Range: \_\_\_\_\_

Interpretation: \_\_\_\_\_

**Hormone 6:** \_\_\_\_\_

Result: \_\_\_\_\_

Reference Range: \_\_\_\_\_

Interpretation: \_\_\_\_\_

**Hormone 7:** \_\_\_\_\_

Result: \_\_\_\_\_

Reference Range: \_\_\_\_\_

Interpretation: \_\_\_\_\_

**General Comments and Recommendations:**

Referring Physician's Name and Signature: Randall Pena

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