

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: _____

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: _____

Date: _____