

SHBG Blood Test

Patient Information	
Name:	
Date of Birth:	
Gender:	
Address:	
Phone Number:	
Email:	

Medical History & Related Questions	
Current Medications:	
Previous Diagnoses:	
Symptoms/Reason for Test:	
Family History of Hormonal Disorders:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Recent Changes (Weight, Mood, Energy):	

Tests	
Test Ordered:	SHBG Blood Test
Date of Collection:	
Method of Collection:	

Findings	
Test Component	
SHBG	
Standard Range	20-60 nmol/L
Basis of Findings	

Interpretation	
Overall Interpretation:	
Recommendations for Follow-up:	
Additional Notes:	

Confirmed by:	
Signature:	
Name:	
Date:	
License Number:	