

Patient Progress Tracking Sheet

Weekly Assessment & Symptom Log

Patient Information

Patient Name: _____

Peptide(s) & Dosage: _____

Start Date: _____

Weekly Progress Log (Rate 1-10 scale)

Week	Date	Weight	Energy	Sleep	Mood	Pain	Appetite	Recovery	Focus	Libido	Side Effects
1											
2											
3											
4											
5											
6											
7											
8											
9											
10											

11											
12											
13											
14											
15											
16											

Body Composition Tracking

Date	Weight	BMI	Body Fat %	Waist (in)	Hip (in)	Chest (in)	Arm (in)	Thigh (in)	Notes

Laboratory Results Tracking

Marker	Baseline	Month 1	Month 3	Month 6	Month 9	Month 12
IGF-1 (ng/mL)						
Testosterone (ng/dL)						
Free T (pg/mL)						
Estradiol (pg/mL)						
HbA1c (%)						
Fasting Glucose						

CRP (mg/L)						
TSH (mIU/L)						
Total Cholesterol						
LDL						
HDL						
Triglycerides						
ALT (U/L)						
AST (U/L)						
Creatinine						
GFR						

Adverse Event Log

Provider Assessment Notes

