

Peptide Protocol Template

Clinical Documentation & Treatment Planning

Patient Information

Patient Name: _____

Date of Birth: _____

Medical Record #: _____

Date of Protocol Initiation: _____

Prescribing Provider: _____

Primary Diagnosis/Indication: _____

Secondary Indications: _____

Medical History Review

- Complete medical history reviewed and documented
- Current medication list verified (including supplements)
- Allergy history confirmed
- Contraindications screened
- Informed consent obtained and signed

Baseline Laboratory Work

- Complete Metabolic Panel (CMP)
- Complete Blood Count (CBC)
- Lipid Panel
- Thyroid Panel (TSH, Free T3, Free T4)
- Hormone Panel (Testosterone, Estradiol, IGF-1, DHEA-S)
- HbA1c / Fasting Glucose
- Inflammatory Markers (CRP, ESR)
- Liver Function Tests (if not in CMP)
- Renal Function (BUN, Creatinine, GFR)
- Other: _____

Peptide Protocol Details

Primary Peptide

Peptide Name: _____

Concentration: _____

Dose per Administration: _____

Frequency: _____

Route of Administration: _____

Injection Site(s): _____

Time of Day: _____

Secondary Peptide (if applicable)

Peptide Name: _____

Concentration: _____

Dose per Administration: _____

Frequency: _____

Route of Administration: _____

Stacking Protocol (if applicable)

Combination Rationale: _____

Timing Considerations: _____

Duration of Combined Protocol: _____

Treatment Timeline

Phase	Duration	Dosage	Notes
Loading	Week 1-2		Start low; assess tolerance
Titration	Week 3-4		Increase to target dose
Maintenance	Week 5-12		Full therapeutic dose
Assessment	Week 12		Labs + clinical review
Continuation	Week 13+		Based on response

Monitoring Schedule

Timepoint	Labs Required	Clinical Assessment	Notes
Baseline	Full panel	H&P, vitals, photos	Before starting
Week 4	Targeted labs	Side effects, efficacy	Phone or in-person
Week 8	Targeted labs	Progress review	In-person preferred
Week 12	Full panel	Comprehensive review	Decide continuation
Q3 months	Maintenance labs	Ongoing monitoring	As long as on therapy

Treatment Goals & Outcomes

Primary Treatment Goal: _____

Secondary Goals: _____

Measurable Endpoints: _____

Expected Timeline for Results: _____

Provider Notes _____
