

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 _____

:	_____
:	_____
:	_____
:	_____
:	_____
:	_____