

Wyndgate Health
Patient Progress Report



Date:

Patient name:

Person completing this form:

Wyndgate program start date:

Patient height: Patient weight:

Number of times you missed taking supplements or changed dose in last month:

List current doctor ordered (not Wyndgate) medications and dosages:

Describe key recent stressors in your life:

Are you taking all prescribed supplements from last visit? Yes No

Tell us your current problem improvement assessments: Major Moderate Mild No Change

1.

2.

3.

4.

5.

What else would you like our Wyndgate staff to know?