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Patient Update Form

Name: _____

Date of Appointment: _____

Email: _____

Questions/Reason for Visit:

Good News/Improvements:

Ongoing Challenges:

TURN PAGE OVER TO CONTINUE →

PLAN

List Vitamins/Supplements you take and dosage

Supplements Recommended

List Medications that you would like renewed:

Investigations Recommended

Laboratory Requisition

ELISA Food Allergy Test

GI Effects Stool Kit

Urine Toxic Metals Kit

Ion Profile Kit

CORE Toxic Kit

Other _____

Bone Density

X-ray

MRI

CT Scan

 Ultrasound – Abdomen

 - Pelvic

 - Carotids

 - Echo

 - Thyroid

 - Breast

Thermography

Referral: _____

Please make your next appointment:

Preventative Medicine Fee: _____

List Medications you are currently taking: