Today's date:
Month - Day - Year

Height: inches

Weight: pounds

Waist circumference: inches

Blood Pressure: Systolic: mmHg

Diastolic: mmHg

Glucose level: mg/dL

Hemoglobin level: g/dL

Provided blood sample?  ○ yes  ○ no

Provided urine sample?  ○ yes  ○ no

Would consent to/interest in DXA scan:  ○ yes  ○ no

Date of last menstrual period: Month - Day - Year

Anticipated start date of next menstrual period: Month - Day - Year

Ask at follow-up:

Actual date of start of next menstrual period: Month - Day - Year