Date

Shelly Meier, Naturopath 2114 Park Avenue Muscatine, Iowa 52761

Re: Patient Name

Dear Primary Care Physician Name,

The above-mentioned *patient* presented to our office on *date* for evaluation and management of *specific health problem*. From my experience, most primary care physicians are so overwhelmed with their patient load; they do not have the time to help their patients understand that food is medicine, help them change their relationship with food and embrace a healthy lifestyle. That is what I intend to do for *patient*.

[Example:]

# **Continue with Subjective**

Patient presents seeking natural options for insulin resistance. She originally presented to Dr. Brown, her primary care physician, inquiring about options. He suggested that blood sugar regulation by more natural means might be a greater benefit, so he sent her to my office.

## **Past Medical History**

Past medical history is positive for two C-sections, one in 1983 and one in 1990. Patient also had gallbladder surgery. Past medical history is also positive for gas and bloating after meals due to a hiatal hernia. Patient states she takes 40 mg Nexium once a day for this. Patient also had phlebitis in the past and takes 81 mg of Bayer aspirin.

### **Objective**

Blood pressure 134/79. Pulse 82. Weight 259 lbs. Dipstick urinalysis reveals no abnormalities. Specific gravity was 1.005. A1C7, fasting blood glucose 103. Multiple body measurements were recorded for comparison later. Inspection revealed an obese, pleasant white female that ambulated in a normal fashion and demonstrated a good posture in seated and standing position.

#### Assessment

Diagnoses: Insulin resistance

Will start patient on .50 mL of SHAPE Drops TID, Jambola 1 BID, D3/K2 5,000IU QD and 1 probiotic QD on an empty stomach.

#### Plan

Will see her once a week until goal is reached.

### **Treatment**

SHAPE Program as prescribed. TDD.

Patient will be put on the SHAPE Program for blood sugar regulation. Patient wishes to lose 90 lbs. I estimate this to take between 20 and 25 wks. depending on response and compliance to the program.

Patient was asked to take .50ml of the SHAPE Drops glycoprotein complex TID to help release inflammatory yellow fat and two Jambola capsules BID, Vitamin D3/K2 5,000 IU QD to help with glucose control and 1 probiotic QD on an empty stomach for gut/immune health.

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Patient was also placed on an anti-inflammatory diet consisting of protein, vegetables, fruit and low starch carbohydrates as directed. We will monitor 1 time per week and obtain blood pressure, pulse, weight and perform a dipstick urinalysis to chart progress. Patient is to remain on prescribed medication as directed by their physician. Patient will be asked to see their prescribing physician in the future if there are any changes that need to be addressed by their physician.

Thank you for allowing us to participate in the health care of your patient. If there are any questions, please do not hesitate to call.

Sincerely,

Shelly Meier, Naturopath

For more information on the SHAPE Program, visit www.shapereclaimed.com



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