01 / WHAT CHANGED & WHAT'S NEXT

Personal Health *Tracking*

February baseline · September update* · Intake list: October 2026

See what changed since the last check-up, what needs attention and what is being taken. Includes supplements, medications, peptides and a daily activity snapshot. Portfolio sample using de-identified values.

POSITIVE CHANGES

MARKER / UNIT	FEBRUARY	SEPTEMBER*	REFERENCE	STATUS
AST · U/L	62	15	10–30	Improved: returned to range
Triglycerides · mg/dL	73	50	<150	Decreased; both in range
hs-CRP · mg/L	0.9	0.4	<1.0*	Decreased; both below cutoff
B12 · pg/mL	282	523	200–1100	Increased; both in range

ITEMS TO ADDRESS

MARKER / UNIT	FEBRUARY	SEPTEMBER*	REFERENCE	STATUS
Hemoglobin · g/dL	12.1	11.2	11.7–15.5	Needs attention: now low
RBC · million/uL	3.79	3.66	3.80–5.10	Needs attention: remains low
Hematocrit · %	35.9	35.0	35.9–46.0	Needs attention: now low
SHBG · nmol/L	Not supplied	137	17–124	High; no prior trend

HIGHLIGHTS · FEBRUARY TO SEPTEMBER

HEMOGLOBIN

Reference 11.7–15.5 g/dL

FEB → SEP*

12.1 → 11.2

Now low · −0.9 g/dL

FERRITIN

Reference 16–154 ng/mL

FEB → SEP*

51 → 80

Within range · +29 ng/mL

VITAMIN B12

Reference 200–1100 pg/mL

FEB → SEP*

282 → 523

Within range · +241 pg/mL

NOTE *September update: sample collected 26 August 2026. Green = in range; red = outside it. Trends do not prove a product worked. Risk cutoffs are marked in the tables. [1–3]

02 / VERIFIED COMPARISON

February *vs* September 2026

*September update uses the 26 August sample. February sample: 16 February. [1]

MARKER / UNIT	FEBRUARY	SEPTEMBER*	CHANGE	REFERENCE	LATEST STATUS
Hemoglobin · g/dL	12.1	11.2 L	−0.9	11.7–15.5	Now low
RBC · million/uL	3.79	3.66 L	−0.13	3.80–5.10	Low in both
Hematocrit · %	35.9	35.0 L	−0.9 pp	35.9–46.0	Now low
MCV · fL	94.7	95.6	+0.9	81.4–101.7	In range
Ferritin · ng/mL	51	80	+29	16–154	In range
Vitamin B12 · pg/mL	282	523	+241	200–1100	In range
Vitamin D · ng/mL	34	75	+41	30–100	In range
Folate · ng/mL	10.6	20.8	+10.2	>5.4	In range
AST · U/L	62	15	−47	10–30	Returned to range
ALT · U/L	18	8	−10	6–29	In range
Total cholesterol · mg/dL	154	164	+10	<200	In range
LDL-C · mg/dL	73	93	+20	<100*	Below cutoff; rising
HDL-C · mg/dL	66	58	−8	≥50	In range
Triglycerides · mg/dL	73	50	−23	<150	In range
ApoB · mg/dL	57	77	+20	<90*	Below cutoff; rising
hs-CRP · mg/L	0.9	0.4	−0.5	<1.0*	Below cutoff
Glucose · mg/dL	93	79	−14	65–99	In range
HbA1c · %	5.2	5.0	−0.2 pp	<5.7	Below cutoff
Creatinine · mg/dL	0.77	0.89	+0.12	0.50–0.97	In range
eGFR · mL/min/1.73m²	102	86	−16	≥60	Above cutoff; lower
TSH · mIU/L	1.57	2.37	+0.80	0.40–4.50	In range

HOW TO READ L = low. pp = percentage points. References are from the 26 August report (September update). *Decision/risk cutoffs; personal targets may differ. In-range results can still need review in context. [1, 3]

ALSO FLAGGED SHBG 137 nmol/L (range 17–124). No February comparison. September is an update label, not a new blood-draw date. Source: February pages 1–7; full August PDF. [1]

03 / DAILY ACTIVITY & RECOVERY

Movement, Sleep & Training

February baseline · September update · Two illustrative 30-day windows · Sample data

A quick view of daily habits alongside the check-up. All values on this page are illustrative: no Oura account is connected and no personal wearable records were supplied.

DAILY STEPS
8,400
+2,300 vs previous
Average on logged days

NIGHTLY SLEEP
7h 10m
+35 minutes
Oura-style estimate

WORKOUTS
12
+4 sessions
Logged over 30 days

PREVIOUS VS LATEST 30 DAYS

METRIC	PREVIOUS WINDOW	LATEST WINDOW	CHANGE
Average daily steps	6,100	8,400	+2,300
Average nightly sleep	6h 35m	7h 10m	+35 min
Workout sessions	8	12	+4
Total workout time	320 min	480 min	+160 min
Days with steps / sleep data	24 / 30	27 / 30	80% → 90% coverage

Sample workout mix: strength training, yoga and walking. Sleep values are device estimates; no personal targets have been set.

WHAT THE SNAPSHOT TELLS US

More recorded movement. Average steps and logged training increased.

More recorded sleep. Estimated nightly sleep duration increased.

Better data coverage. The latest window has 27 recorded days; missing days are excluded, not counted as zero.

WHAT TO TRACK NEXT

Keep logging steps, sleep, workout type and minutes. Note travel, illness or a major routine change. Compare equal-length windows and agree individual goals with the appropriate professional; more training or more sleep is not automatically better.

Sources in a working version: Oura export or an authorized connection for steps and sleep; confirmed workout entries or a compatible activity source. Wearable sleep is an estimate. These sample trends cannot explain or prove changes in blood results.

04 / CURRENT INTAKE & AI WORKFLOW

What Is *Being Taken*

Current intake snapshot · September–October 2026 · Sample fields are illustrative placeholders

DAILY SUPPLEMENT SNAPSHOT

TIMING	SUPPLEMENTS	REPORTED DOSE / DETAIL
Morning	Nutrafol; B-complex; omega-3; astaxanthin; urolithin A; resveratrol	Nutrafol: 4 capsules Astaxanthin: 12 mg Other doses: sample fields
Later in the day	Iron bisglycinate; vitamin C	Iron: 36 mg Vitamin C: 500 mg
Evening / night	Magnesium glycinate; L-theanine; apigenin; myo-inositol	L-theanine: 400 mg Magnesium: sometimes skipped Other doses: sample fields
Also reported	Copper; zinc; carnosine; diosmin	Copper: with dinner Diosmin: 500 mg after first meal Other details: sample fields

A reported routine does not confirm each dose was taken. Sample fields show where remaining details would appear in a completed client record.

MEDICATION & PEPTIDE SNAPSHOT

CATEGORY	REPORTED ENTRY	DETAILS / STATUS
Medication	Oral minoxidil	1.25 mg nightly; reported start in late September. Prescription verification: sample field.
Peptides	If any	Sample information

This intake list does not explain the February–September changes; use during that period is not established.

CURRENT MONITORING FOCUS

Main focus Follow hemoglobin, RBC and hematocrit. Have the clinician review why they are low and agree the next test date.

Also watch SHBG and the LDL-C / ApoB trend.

Keep updated The intake list, symptoms and agreed follow-up actions.

HOW AI WAS USED

AI organizes the data and drafts the summary. Values are checked against the source reports; changes are calculated. I maintain the record and the follow-up. The physician makes clinical decisions.

Sources: [1] Supplied Quest reports: February collection 16 Feb 2026; August collection 26 Aug, final 30 Aug. Intake list: self-reported September–October history. [2] nhlbi.nih.gov/health/anemia/iron-deficiency-anemia [3] medlineplus.gov/lab-tests/how-to-understand-your-lab-results/

05 / EVERYDAY SUPPORT

Nutrition & Lifestyle

Practical food priorities · Simple ways to support a varied, nourishing diet

Start with food quality and consistency: varied protein, vegetables, fruit and whole grains. This supports nutrient intake while the cause of the low blood count is reviewed. It is not an anemia treatment plan.

PRACTICAL FOOD PRIORITIES

PRIORITY	WHAT TO PUT ON THE PLATE	WHY IT MATTERS
Protein at main meals	Fish, eggs, poultry, yogurt, tofu, beans or lentils. Rotate your choices.	Supports everyday protein and nutrient needs. [7]
Iron-containing foods	Lean beef if preferred, seafood, poultry, lentils, beans or iron-fortified cereal.	Helps maintain iron intake. Red meat is optional. [4]
Vitamin C with plant iron	Add bell pepper, tomatoes, citrus or kiwi to an iron-containing meal.	Helps the body absorb plant-based iron. [4]
B12 food sources	Fish such as salmon, eggs, dairy, lean meat or B12-fortified foods.	Supports B12 intake. [5]
Folate-rich variety	Leafy greens, asparagus, beans, peas and citrus fruit.	Helps provide dietary folate. [6]

KEEP THE MAIN FOCUS CLEAR

Blood count. Follow hemoglobin, RBC and hematocrit with the clinician.

Daily routine. Keep meals regular and adequately nourishing. Note major appetite changes or symptoms.

Next review. Bring the updated intake list and record the agreed follow-up.

The latest ferritin, B12 and folate are within the source ranges. Low hemoglobin does not identify a specific food deficiency, and a dietary change alone is not guaranteed to correct it. [1, 2]

BEFORE CHANGING WHAT YOU TAKE

Consult a licensed physician before starting, stopping or changing supplements, medications or peptides. A registered dietitian can personalize food choices and protein needs.

Sources: [4] NIH ODS: ods.od.nih.gov/factsheets/Iron-Consumer/ [5] ods.od.nih.gov/factsheets/VitaminB12-Consumer/ [6] ods.od.nih.gov/factsheets/Folate-Consumer/ [7] USDA: myplate.gov/eat-healthy/protein-foods

06 / LONGITUDINAL RECORD

Tracking History *in Excel*

February 2025 to September 2026 · Extract from the accompanying editable workbook

Keep the full history in Excel and use this brief for the short summary. The table below comes from the workbook included with this sample: check-up values, daily steps, sleep and training in one view.

METRIC	UNIT	FEB 2025	AUG 2025	OCT 2025	FEB 2026	SEP 2026*
Hemoglobin	g/dL	12.5	12.3	12.2	12.1	11.2
RBC	million/uL	4.02	3.95	3.85	3.79	3.66
Ferritin	ng/mL	42	45	48	51	80
Vitamin B12	pg/mL	260	275	280	282	523
Vitamin D	ng/mL	31	32	33	34	75
AST	U/L	22	29	34	62	15
LDL-C	mg/dL	79	75	74	73	93
Daily steps	steps/day	4,700	5,200	5,800	6,100	8,400
Nightly sleep	minutes/night	370	380	390	395	430
Workout sessions	sessions/30 days	5	6	7	8	12
Workout time	minutes/30 days	180	240	280	320	480
Logged days	days/30 days	20	22	23	24	27

Synthetic historical example Outside range *September uses the 26 August specimen

DATA KEY February and September 2026 values come from supplied reports. All earlier columns and all activity and sleep values are synthetic examples.

WHAT THE SPREADSHEET ADDS

One continuing record. Add new testing periods while keeping earlier results.

Calculated changes. Latest-versus-previous differences update when source values change.

Traceable inputs. The Records sheet keeps units, source dates, reference limits and provenance.

Clear missing data. Blank measurements stay unavailable rather than becoming zero.

HOW TO USE IT

Open the workbook. Use Tracking for the overview and Records for the full marker list and source inputs. Extend the period columns for the next update. Sleep is stored as minutes; steps are daily averages, and workouts are 30-day totals.

This PDF is a static excerpt and is regenerated after spreadsheet changes. Synthetic history demonstrates the workflow; it must not be used to infer medical trends or the effectiveness of a treatment.