Hormone Health Evaluation

Today's date _________________

Name _______________________________
DOB _______________________________
Address _____________________________
Phone _______________________________
Email address _________________________

Doctor's name: ____

Allergies: ____

Medical Conditions/Diseases: ____

____

____

Date of Last Period: ____

Date of Hysterectomy (if applicable): ____

Family History: ____

____

Current Prescription Medications: ____

____

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____

Hormones previously taken with dates and any problems in taking any of these types (This includes birth control pills(oral contraceptives, natural hormones, synthetic hormones): ____

____

Supplements/Vitamins: ____

____

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Symptom List:
Please indicate the severity of each symptom (mild, moderate, or severe) or explain more fully if needed.

Fibrocystic Breast _____
Weight Gain _____
-Area of body with unwanted weight_________________
Heavy/Irregular menses____
Breakthrough bleeding______
Cramps______
Acne_______
Hot flashes____
Night sweats_____
Anxiety_____
Depression_____
Vaginal dryness______
Dry skin/hair______
Headaches______
Irritability_______
Mood swings______
Breast tenderness_______
Sleep disturbances/Insomnia______
Fluid retention______
Fatigue_______
Loss of stamina__________
Loss of memory______
Bladder symptoms______
Arthritis_______
Harder to reach climax/Decreased erections_______
Decreased sex drive_______
Hair loss________
Constipation_______
Diarrhea________
Seasonal or year-long allergies________
Stress-level (on a scale of 1 to 10 with 10 being highest stress level) _________

Sleep Schedule:
Please describe your typical sleep schedule (time you go to bed and time you get up)

Diet:
Please describe what time you eat breakfast, lunch, dinner and if you eat snacks. Describe what types of foods you eat in a typical day or week. Describe what you usually drink. How much water do you drink every day?

Exercise/Daily Movement:
Describe what types of physical activities you do in a typical day or week.

Goals:
Describe what current symptoms you really would like to see improve. Prioritize and describe what goals you have.