Patient name: _____ Date: _____

Hormonal Questionnaire- Do you have any of the following?

☐Hot flashes, night sweats ☐Vaginal dryness, painful intercourse ☐Mental fogginess/forgetfulness ☐Insomnia or difficulty sleeping ☐Heart palpitations ☐Irritability ☐Dry skin ☐Increased allergies	☐Breast fullness or tenderness ☐Water retention or swelling ☐Weight gain ☐Depression/crying spells ☐Pelvic fullness ☐Increased breast size in males ☐Impotence in males ☐Increased PSA in males ☐Fibroids ☐Endometriosis

☐Low libido ☐Mid-section weight gain ☐Irritability, impatience ☐Anxiety/depression/mood disorders ☐Migraine headaches ☐Lack of motivation ☐Decreased thinking, cognitive problems ☐Infertility/erectile dysfunction	☐Acne ☐Nipple pain ☐Hypersexual ☐Vaginal tissue enlargement ☐Voice deepening ☐Excess hair growth ☐Aggression ☐Hair loss

☐Insomnia ☐Hair loss ☐Low libido ☐Hot flashes/night sweats ☐Osteoporosis ☐TMJ pain ☐PCOS ☐Migraine headaches ☐Excess menstrual bleeding ☐Endometriosis	☐Breast fullness or tenderness ☐Water retention ☐Weight gain ☐Crying spells/depression ☐Nipple tenderness ☐Dizziness

☐Hair loss ☐Mental fogginess/memory problems ☐Fatigue ☐Sensitivity to cold ☐Dry skin ☐Weight gain ☐Swelling ☐Constipation ☐Irregular periods ☐Severe PMS ☐Depression/mood swings Joint/muscle pain	☐Hair loss ☐Heart palpitations ☐Tremors ☐Heat intolerance ☐Sleep disturbances ☐Weight loss ☐Shortness of breath ☐Diarrhea ☐Increased appetite ☐Irregular periods ☐Muscle weakness ☐Anxiety/nervousness ☐Depression/mood swings

Patient name: _____ Date: _____

Current Medications

Name of prescription Strength and Dosage How often per day

1. _____ _____ _____
2. _____ _____ _____
3. _____ _____ _____
4. _____ _____ _____
5. _____ _____ _____
6. _____ _____ _____

Nutritional Supplements and Over the Counter Medications

Name of supplement Strength and Dosage

1. _____ _____
2. _____ _____
3. _____ _____
4. _____ _____
5. _____ _____
6. _____ _____

Do you currently have any of the following:

Change in appetite. Chills. Fever.

Blurred vision. Eye discharge. Eye pain.

Decreased hearing. Sore throat. Swollen glands

Cold intolerance. Excessive thirst. Heat intolerance. Weight loss

Cough. Shortness of breath at rest. Shortness of breath with exertion. Wheezing.

Chest pain at rest. Chest pain with exertion. Irregular heartbeat. Shortness of breath.

Abdominal pain. Diarrhea. Nausea. Vomiting.

Blood in urine. Difficulty urinating. Frequent urination.

Painful joints. Weakness

Dry skin. Itching. Rash.

Dizziness. Fainting. Headache