Date_____

Patient Information:

Name: _____
First Middle Last

Phone#_____ Cell#_____Text? Yes / No

Date of Birth_____ Age_____

Address_____

City, State, Zip_____

SSN or DL#_____

Drug Allergies_____

If you were to list and describe your biggest, number 1 complaint, what would it be?

_____

_____

_____

_____

_____

Current Menstrual Status

_____ Regular Cycles (every 23-35 days)

_____ Irregular Cycles

_____ No Menstrual Cycles

Hysterectomy? Yes No Age_____

Ovaries Removed? No One Both Age_____

Why?_____

_____

Hormone Replacement History? Current or History of? (Including Birth Control):

_____

_____

Mark each symptom you may be experiencing as: 0 (none), 1 (mild), 2 (moderate) or 3 (severe)

Symptom	0 (none)	1 (mild)	2 (moderate)	3 (severe)
Hot Flashes				
Foggy Thinking				
Heart Palpitations				
Aches and pains				
Allergies				
Sugar Cravings				
Hair- Scalp loss				
Breast- Tender				
Anxious				
Weight Gain- Hips				
Cholesterol High				
Hair- Dry or Brittle				
Constipation				
Hoarseness				
Blood Pressure- Low				
Mania				
Autism Spectrum Disorder				
Night Sweats				
Memory Lapse				
Bone Loss				
Fibromyalgia				
Chemical Sensitivity				
Triglycerides Elevated				
Hair- Increased Facial or Body				
Bleeding Changes				
Water Retention				
Stamina Decreased				
Swelling or Puffy Eyes/Face				
Nails Breaking or Brittle				
Rapid Heartbeat				
Urinary Urge Increased				
Numbness- Feet or Hands				
Eating Disorders				

OCD				
Vaginal Dryness				
Tearful				
Sleep Disturbed				
Fatigue- Morning				
Stress				
Weight Gain- Waist				
Acne				
Nervous				
Breasts- Fibrocystic				
Muscle Size Decreased				
Pulse Rate Slow				
Skin Thinning				
Hearing Loss				
Blood Sugar Low				
Breast Cancer				
Addictive Behaviors				
ADD/ADHD				
Incontinence				
Depressed				
Headaches				
Fatigue- Evening				
Body Temperature Cold				
Libido Decreased				
Mood Swings				
Irritable				
Uterine Fibroids				
Rapid Aging				
Sweating Decreased				
Infertility				
Goiter				
Blood Pressure High				
Developmental Delays				
Panic Attacks				
PreMenstrual Dysphoric Disorder				