

Follow -up consultation (women)

Today's Date _____

Name _____ DOB _____ Age _____

Please review the following symptoms and grade them if they are present:

Hot Flashes	___NA	___Mild	___Moderate	___Severe
Night Sweats	___NA	___Mild	___Moderate	___Severe
Vaginal Dryness	___NA	___Mild	___Moderate	___Severe
Incontinence	___NA	___Mild	___Moderate	___Severe
Foggy Thinking	___NA	___Mild	___Moderate	___Severe
Memory Lapse	___NA	___Mild	___Moderate	___Severe
Tearful	___NA	___Mild	___Moderate	___Severe
Depressed	___NA	___Mild	___Moderate	___Severe
Heart Palpitations	___NA	___Mild	___Moderate	___Severe
Bone Loss	___NA	___Mild	___Moderate	___Severe
Sleep Disturbed	___NA	___Mild	___Moderate	___Severe
Headaches	___NA	___Mild	___Moderate	___Severe
Aches and Pains	___NA	___Mild	___Moderate	___Severe
Fibromyalgia	___NA	___Mild	___Moderate	___Severe
Morning Fatigue	___NA	___Mild	___Moderate	___Severe
Evening Fatigue	___NA	___Mild	___Moderate	___Severe
Allergies	___NA	___Mild	___Moderate	___Severe
Sensitivity To Chemicals	___NA	___Mild	___Moderate	___Severe
Stress	___NA	___Mild	___Moderate	___Severe
Cold Body Temperature	___NA	___Mild	___Moderate	___Severe
Sugar Craving	___NA	___Mild	___Moderate	___Severe
Elevated Triglycerides	___NA	___Mild	___Moderate	___Severe
Weight Gain- Waist	___NA	___Mild	___Moderate	___Severe
Weight Gain- Hips	___NA	___Mild	___Moderate	___Severe
Decreased Libido	___NA	___Mild	___Moderate	___Severe
Loss Scalp Hair	___NA	___Mild	___Moderate	___Severe
Increase Facial or Body Hair	___NA	___Mild	___Moderate	___Severe
Acne	___NA	___Mild	___Moderate	___Severe
Mood Swings	___NA	___Mild	___Moderate	___Severe
Tender Breasts	___NA	___Mild	___Moderate	___Severe
Bleeding Changes	___NA	___Mild	___Moderate	___Severe
Nervous	___NA	___Mild	___Moderate	___Severe
Irritable	___NA	___Mild	___Moderate	___Severe
Anxious	___NA	___Mild	___Moderate	___Severe
Water Retention	___NA	___Mild	___Moderate	___Severe
Fibrocystic Breasts	___NA	___Mild	___Moderate	___Severe
Uterine Fibroids	___NA	___Mild	___Moderate	___Severe
Decreased Muscle Size	___NA	___Mild	___Moderate	___Severe
Decresed Stamina	___NA	___Mild	___Moderate	___Severe

