

TEST SELECTION BASED ON PATIENT SYMPTOM CHECKLIST

For Women

Use each of the following checklists to determine your patients' symptoms of hormone imbalance and to help you choose the appropriate hormone test profile.

Category 1: Basic Hormone Imbalance

Note which of the following symptoms are troublesome and/or persist over time.

- | | | | |
|--|--|---|---|
| <input type="checkbox"/> Hot flashes | <input type="checkbox"/> Mood swings (PMS) | <input type="checkbox"/> Urinary incontinence | <input type="checkbox"/> Night sweats |
| <input type="checkbox"/> Heart palpitations | <input type="checkbox"/> Cystic ovaries | <input type="checkbox"/> Vaginal dryness | <input type="checkbox"/> Acne |
| <input type="checkbox"/> Heavy menses | <input type="checkbox"/> Foggy thinking | <input type="checkbox"/> Weight gain | <input type="checkbox"/> Depressed mood |
| <input type="checkbox"/> Fibrocystic breasts | <input type="checkbox"/> Irritability | <input type="checkbox"/> Increased body/facial hair | <input type="checkbox"/> Headaches |
| <input type="checkbox"/> Thinning skin | <input type="checkbox"/> Uterine fibroids | | <input type="checkbox"/> Bone loss |

Number selected _____

Category 2: Adrenal Hormone Imbalance

Note which of the following symptoms are troublesome and/or persist over time.

- | | | | |
|---|---|---|--|
| <input type="checkbox"/> Aches and pains | <input type="checkbox"/> Elevated triglycerides | <input type="checkbox"/> Morning fatigue | <input type="checkbox"/> Bone loss |
| <input type="checkbox"/> Sleep disturbances | <input type="checkbox"/> Depression | <input type="checkbox"/> Anxiety | <input type="checkbox"/> Blood sugar imbalance |
| <input type="checkbox"/> Infertility | <input type="checkbox"/> Nervousness | <input type="checkbox"/> Allergic conditions | <input type="checkbox"/> Autoimmune illness |
| <input type="checkbox"/> Chronic illness | <input type="checkbox"/> Evening fatigue | <input type="checkbox"/> Susceptibility to infections | |

Number selected _____

Category 3: Thyroid Hormone Imbalance

Note which of the following symptoms are troublesome and/or persist over time.

- | | | | |
|---|--|---|--|
| <input type="checkbox"/> Aches and pains | <input type="checkbox"/> Anxiety | <input type="checkbox"/> Brittle nails | <input type="checkbox"/> Depression |
| <input type="checkbox"/> Dry skin | <input type="checkbox"/> Cold hands and feet | <input type="checkbox"/> Headaches | <input type="checkbox"/> Infertility |
| <input type="checkbox"/> Fatigue | <input type="checkbox"/> Foggy thinking | <input type="checkbox"/> Weight gain | <input type="checkbox"/> Feeling cold all the time |
| <input type="checkbox"/> Heart palpitations | <input type="checkbox"/> Low libido | <input type="checkbox"/> Inability to lose weight | <input type="checkbox"/> Sleep disturbances |
| <input type="checkbox"/> Constipation | <input type="checkbox"/> Thinning hair | <input type="checkbox"/> Menstrual irregularities | <input type="checkbox"/> Elevated cholesterol |

Number selected _____

If your patient checked symptoms in MORE THAN ONE Category choose:

Good: Hormone Profile III

Best: Comprehensive Profile (Combination Kit)

If your patient checked symptoms ONLY in Category 1 choose:

Good: Hormone Profile I

Best: Comprehensive Profile (Combination Kit)

If your patient checked symptoms ONLY in Category 2 choose:

Good: Hormone Profile III

Best: Comprehensive Profile (Combination Kit)

If your patient checked symptoms ONLY in Category 3 choose:

Good: Complete Thyroid Profile (Blood Spot)

Best: Comprehensive Profile (Combination Kit)