FEMALE FORM

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| --- | --- | --- | --- |
| Name: |  | Date: |  |
| Contact phone: | Email:  |

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| --- | --- | --- | --- | --- |
| Symptoms | Never | Mild | Moderate | Severe |
| Depressive Mood |[ ] [ ] [ ] [ ]
| Fatigue |[ ] [ ] [ ] [ ]
| Inability to concentrate / Focus |[ ] [ ] [ ] [ ]
| Hot flashes / Night sweats |[ ] [ ] [ ] [ ]
| Mental Confusion |[ ] [ ] [ ] [ ]
| Sleep Problems |[ ] [ ] [ ] [ ]
| Mood Changes/irritability |[ ] [ ] [ ] [ ]
| Low Sexual Desire |[ ] [ ] [ ] [ ]
| Bloating |[ ] [ ] [ ] [ ]
| Weight Gain |[ ] [ ] [ ] [ ]
| Vaginal Dryness |[ ] [ ] [ ] [ ]
| Dry Wrinkled Skin |[ ] [ ] [ ] [ ]
| Hair Falling Out |[ ] [ ] [ ] [ ]
| Cold All The Time |[ ] [ ] [ ] [ ]
| Joint Pain |[ ] [ ] [ ] [ ]
| Decline In General Well Being |[ ] [ ] [ ] [ ]

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| Family History |
| Heart Disease |[ ]  No |[ ]  YES |
| Diabetes |[ ]  No |[ ]  YES |
| Osteoporosis |[ ]  No |[ ]  YES |
| Alzheimer’s Dementia |[ ]  No |[ ]  YES |
| Cancer |[ ]  No |[ ]  YES |