



BIOIDENTICAL HORMONE REPLACEMENT THERAPY CONSULTATION FORM

Name: _____ DOB: _____ Date: _____

SSN: _____ Height: _____ Weight: _____ Phone: _____

Address: _____ City: _____ State: _____ ZIP: _____

Primary Care Physician: _____ OBGYN: _____

Is either provider aware of your interest in bioidentical hormone replacement therapy (BHRT)? _____

What are the top three issues that you would like to improve using BHRT?

1. _____ 2. _____ 3. _____

Current Medical Conditions or Diagnoses: _____

Drug, Food or Environmental Allergies: _____

Current Prescription Medications (including strength and frequency): _____

OTC Medications/Herbs/Supplements: _____

Have you ever had any of the following surgeries?

Tubal ligation (tubes tied): Yes__ No__ At what age? _____

Hysterectomy (uterus removed): Yes__ No__ At what age? _____

Oophorectomy (ovaries removed): Yes__ No__ At what age? _____

Family History

Breast cancer: Yes__ No__ Family member affected _____

Uterine cancer: Yes__ No__ Family member affected _____

Ovarian cancer: Yes__ No__ Family member affected _____

Heart disease: Yes__ No__ Family member affected _____

Osteoporosis: Yes__ No__ Family member affected _____

Symptoms of Menopause Questionnaire

This questionnaire will help us recommend a customized hormone plan to submit to your physician.



Check a box for each symptom which describes how you have been feeling over the past months.

None: symptom not present

Mild: present, but not distressing

Moderate: distressing, but not interfering with daily life

Severe: very distressing, interferes with daily life

SYMPTOM	None	Mild	Moderate	Severe
Hot flashes / sweating during the day				
Hot flashes / sweating during the night				
Irritability				
Anxiety / tension / nervousness				
Depression				
Crying easily				
Mood swings				
Memory loss / forgetfulness				
Insomnia				
Decreased libido				
Uncomfortable intercourse				
Vaginal dryness				
Breast tenderness				
Fatigue				
Food/sweets / salt cravings				
Increased appetite / weight gain				
Dry skin / dry hair				
Hair loss				
Increased facial or body hair				
Headaches				