

Hormonal Symptoms: _____ Date: _____ Patient Name: _____

New health issues or stressors? _____

Change in diet/exercise for better/worse? _____

Top 3 goals for taking hormones: _____

Symptom	Mild	Moderate	Severe	Increasing/decreasing?	Consistent/fluctuate?
Hot flashes					
Night sweats					
Decreased sex drive					
Vaginal dryness					
Bladder symptoms (urge or leaking)					
Difficulty falling asleep					
Difficulty staying asleep					
Fatigue					
Brain fog					
Dry skin/hair					
Hair Loss					
Mood swings/irritability					
Irregular periods					
PMS headaches					
PMS breast tenderness					
PMS Mood swings/irritability					
PMS bloating/fluid retention					
Depression					
Anxiety/panic attacks					
Heavy periods/clots					
Harder to reach climax					
Low motivation/drive					
Easily tired after exercise					
Arthritis/joint pain					
Weight gain (increased belly fat)					
Other					
Other					