

Female Hormone Replacement Targeted History

Are you in menopause? Yes No

If not, date of last menstrual period: _____

If not, please indicate your birth control method: _____

Do you have a uterus? Yes No

Are you taking any hormones now? Yes No

If yes, list the hormones: _____

Have you taken hormones in the past? Yes No

Do you have any nervous feelings, fears, sensitivities,
or concerns about taking hormones? Yes No

Have you had breast cancer or a lump? Yes No

If yes, please explain: _____

Have you had any DVTs (blood clots in leg),
stroke, or heart attack? Yes No

If yes, please provide some details: _____

Do you have psychiatric conditions or take
medications to control your moods? Yes No

If yes, please indicate which psychiatric conditions and/or medications:

Do you have any allergies to anesthetics,
iodine, hormones, or Latex? Yes No

If yes, please list: _____

Do you have any autoimmune disorders like
lupus, vasculitis, diabetes, multiple sclerosis,
or rheumatoid arthritis? Yes No

If yes, please indicate which one: _____

Do you use recreational drugs, medications for
sleep, or routine use of pain meds? Yes No

Are you taking aspirin, NSAIDs, blood thinners,
or being treated for coagulation?

Yes

No

Date of your last:

Pelvic Ultrasound: Date: _____

Mammogram: Date: _____

Pap Smear: Date: _____

Menopause Rating Scale

(0=None; 1=Mild; 2=Moderate, 3=Severe, 4=Very Severe)

Hot flushes, sweating: 0 1 2 3 4

Heart discomfort (skipping, racing, tightness): 0 1 2 3 4

Sleeping problems (difficulty falling asleep,
not sleeping through, waking up early): 0 1 2 3 4

Depressed Mood (feeling sad, on the verge
of tears, lack of drive, mood swings): 0 1 2 3 4

Irritability (feeling nervous, inner tension,
feeling aggressive): 0 1 2 3 4

Anxiety (inner restlessness, feeling panicky): 0 1 2 3 4

Physical and mental exhaustion: 0 1 2 3 4

Sexual Problems (change in desire, activity,
and satisfaction): 0 1 2 3 4

Bladder Problems (increased need to
urinate and incontinence): 0 1 2 3 4

Vaginal Dryness: 0 1 2 3 4

Joint and muscular discomfort (pain in
joints, rheumatoid complaints): 0 1 2 3 4

Total Sum of Scores: _____

*Highest symptomatic score is 44; the lower the score, the better. *