

Female BHRT Initial Checklist

Name: _____

Date: _____

E-Mail: _____

Symptom (please check mark)	Never	Mild	Moderate	Severe
Depressive mood				
Memory Loss				
Mental confusion				
Decreased sex drive/libido				
Sleep problems				
Mood changes/Irritability Tension				
Difficult to climax sexually				
Bloating				
Weight gain				
Breast tenderness				
Vaginal dryness				
Hot flashes/Night sweats				
Dry and Wrinkled Skin				
Cold all the time				
Menstrual Migranes				
Hair Loss				
Acne				
Break-Through Bleeding				
Swelling all over the body				
Joint pain				

Last Menstrual Period Date: _____

Non Pellet Testosterone/Estrogen Usage:	Yes	No	If Yes, What:
Physical Activity:	Sedentary	3x/Week	5x/Week
Other symptoms that may concern you:			