

# Hormones for Health

## Bio-identical hormone evaluation

(fill out forms and fax to 210-491-9696 or e-mail to thyroidtexas@aol.com)

Name: \_\_\_\_\_ today's date \_\_\_\_\_ birth date \_\_\_\_\_ Age \_\_\_\_\_

Gender: Male \_\_\_\_\_ female \_\_\_\_\_ marital status \_\_\_\_\_ height \_\_\_\_\_ weight \_\_\_\_\_ BMI \_\_\_\_\_

Phone contact info: \_\_\_\_\_ e-mail: \_\_\_\_\_

Chief complaint: \_\_\_\_\_

Past medical history (what you are being treated for)

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Current prescription medications: Please note name, strength, date started and for what condition

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You OR family history of any of the following: (how related)

\_\_\_\_\_ Uterine cancer

\_\_\_\_\_ Ovarian cancer

\_\_\_\_\_ Fibrocystic breast disease

\_\_\_\_\_ Breast cancer

\_\_\_\_\_ Heart disease

\_\_\_\_\_ Osteoporosis

**Past surgical history**

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### Social History

Do you use tobacco yes \_\_\_\_\_ no \_\_\_\_\_ allergies to medication \_\_\_\_\_

Do you use alcohol yes \_\_\_\_\_ no \_\_\_\_\_ \_\_\_\_\_

To use caffeine yes \_\_\_\_\_ no \_\_\_\_\_ \_\_\_\_\_

Occupation: \_\_\_\_\_ exercise routine \_\_\_\_\_

**Please circle stressors in your life:** Death of spouse/partner, miscarriage, death immediate family, major illness, divorce, job loss, retirement, major change in health of family member, pregnancy, childbirth, sexual difficulties, major change in financial status, child leaving home, insomnia, death of child/parent

Name \_\_\_\_\_

Date \_\_\_\_\_

**Nutritional supplements: Please identified and listed products you are using:**

- \_\_\_ Vitamins, multiple or single such as B complex, E., C., beta-carotene
- \_\_\_ Minerals including calcium, magnesium, chromium, other minerals
- \_\_\_ Births including ginseng, ginkgo biloba, recommendation and other medicinal teas
- \_\_\_ Enzymes including digestive formulas Bromaline coenzyme Co Q 10
- \_\_\_ Nutritional/protein supplements including protein powders, amino acids, fish oils
- \_\_\_ Others like glucosamine

**List hormones is previously taken: Date started, stopped, reason**

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Bone size: Small \_\_\_\_\_ medium \_\_\_\_\_ large \_\_\_\_\_

Body type: Androgenic \_\_\_\_\_ estrogenic \_\_\_\_\_

Have you ever used oral contraceptives: Yes \_\_\_\_\_ no \_\_\_\_\_

Any problems using oral contraceptives: Yes \_\_\_\_\_ no \_\_\_\_\_

Many pregnancies have you had \_\_\_\_\_ how many children were born \_\_\_\_\_

Have you had a hysterectomy: Yes \_\_\_\_\_ no \_\_\_\_\_ (ovaries removed: Yes \_\_\_\_\_ no \_\_\_\_\_)

Have you had a tubal ligation: Yes \_\_\_\_\_ no \_\_\_\_\_

**Have you had any of the following tests performed, check those that apply, with the date of the last test:**

Mammography: Yes \_\_\_\_\_ no \_\_\_\_\_ date: \_\_\_\_\_

Pap smear: Yes \_\_\_\_\_ no \_\_\_\_\_ date: \_\_\_\_\_

Since she 1st began having periods have you ever had abnormal cycles? Yes \_\_\_\_\_ no \_\_\_\_\_ (explain

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When was your last period: \_\_\_\_\_

How many days did it last \_\_\_\_\_

Did you ever have premenstrual syndrome: Yes \_\_\_\_\_ no \_\_\_\_\_

**What are your goals with taking bio-identical hormone replacement therapy?**

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# Your Hormone Balance Inventory

Name \_\_\_\_\_ Date \_\_\_\_\_

		Zero	5	10	15	20
		None	Slightly	Moderate	Severe	Extreme
Progesterone						
	Difficulty concentrating					
	Can't sleep insomnia					
	Anxious					
	Headaches					
	Moodiness/emotional swings					
	Painful swollen breast					
	Weight gain/bloating/fluid retention					
	PMS					
	Fibrocystic breast					
	Heavy/irregular periods					
	cramps					
	Breakthrough bleeding					
	arthritis					
Estrogen						
	Night sweats					
	Difficulty remembering things					
	Hot flashes					
	Vaginal dryness					
	Dry skin/hair					
	Incontinence/bladder symptoms					
	Frequent urinary tract infections					
	Inability to reach orgasm					
	Painful intercourse					
	Depression					
Testosterone						
	Loss of libido					
	Lack of desire for intimacy					
	Loss of motivation					
	Flat mood					
	Diminished sense of well being					
	Vaginal dryness					
	headaches					
	fatigue					
	Loss of memory					
	Hard to reach climax					