

HORMONE ASSESSMENT QUESTIONNAIRE
For Women

Professional Arts Pharmacy

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Patient Name _____ Date _____

Address _____ Birth date _____

City _____ State _____ Zip _____

Phone _____ Email _____

General Health: Good Fair Poor Height _____ Weight _____

What are your current symptoms or chief complaint? _____

What are your goals for Bio-identical Hormone Replacement? _____

Personal History: Have you had

- | | |
|--|--|
| <input type="checkbox"/> children | <input type="checkbox"/> blood clots |
| <input type="checkbox"/> fibrocystic disease | <input type="checkbox"/> endometriosis |
| <input type="checkbox"/> fibroids | <input type="checkbox"/> heart disease |
| <input type="checkbox"/> abnormal vaginal bleeding | <input type="checkbox"/> diabetes |
| <input type="checkbox"/> stroke | <input type="checkbox"/> high blood pressure |
| <input type="checkbox"/> osteoporosis | <input type="checkbox"/> liver disease |
| <input type="checkbox"/> cancer (type: _____) | <input type="checkbox"/> history of smoking |
| <input type="checkbox"/> hysterectomy: Date _____ | Type _____ (complete or partial) |
| <input type="checkbox"/> other medical illness _____ | |

When was your last period? _____ Was it heavy, normal, light, spotting?

Explain: _____

Current Medications and Supplements: _____

Hormone therapy history: _____

Allergies: (drug; food; pollen) _____

Cholesterol _____ Date _____ Results _____

Do you exercise? Explain _____

Notes or questions: _____

Current Health Care Provider: _____ Phone _____

Have you experienced any of the following symptoms?

SYMPTOM	YES	SOMETIMES	NO	NOT SURE
Can't sleep				
Weight gain/bloating				
Headaches				
PMS				
Moodiness/irritableness				
Nervousness				
Difficulty concentrating				
Pain or swollen breasts				
Depressed or unhappy				
Night sweats				
Hot flashes				
Vaginal dryness				
Painful intercourse				
Frequent urinary infections				
Bladder incontinence				
Dry skin or hair				
Difficulty remembering things				
Fatigue/no energy				
Decreased or no sex drive				

PLEASE NOTE: It is sometimes recommended that baseline hormone levels be checked. Testing blood, urine, or saliva can do this. We suggest checking estradiol, progesterone, testosterone and dhe. If you have had a recent hormone test, please attach these results to your questionnaire.

Here is what you can now do:

- ___ Request a consultation with a pharmacist: \$75 fee
- ___ Order the appropriate Hormone Saliva Test kit from Professional Arts Pharmacy
- ___ Take this completed questionnaire to your doctor