

Hormone Questionnaire

Name

Date of Birth

Email

Phone

Please complete this questionnaire to establish if you have a hormonal imbalance and whether you would benefit from taking bio-identical hormones.

This questionnaire can be completed on your computer / tablet (it's an interactive form) and emailed to us at [email address] or printed, completed on paper and posted to us at [postal address]. Alternatively, please print and bring with you at your next appointment.

Please tick the symptoms and conditions that apply to you.

Oestrogen

hot flushes
 night sweats
 headaches
 heart palpitations
 dry skin
 wrinkled skin
 vaginal dryness
 incontinence
 poor memory
 low energy
 insomnia

Progesterone

heavy and painful periods
 breast pain
 pms
 headaches
 bloating
 fluid retention
 insomnia
 depression
 anxiety
 mood swings
 irritability

Testosterone

joint pain
 loss of muscle
 weight gain
 low libido
 low self esteem
 low energy