Date_____

Patient Information:

Name: _____
First Middle Last

Phone#_____ Cell#_____Text? Yes / No

Date of Birth_____ Age_____

Address_____

City, State, Zip_____

SSN or DL#_____

Drug Allergies_____

If you were to list and describe your biggest, number 1 complaint(s), what would it (they) be?

_____

_____

_____

_____

Current Menstrual Status **(Circle)**

_____ Regular Cycles (every 23-35 days) Hysterectomy? Yes No Age_____

_____ Irregular Cycles Ovaries Removed? No One Both Age_____

_____ No Menstrual Cycles Why?_____

_____

Hormone Replacement History? Current or History of? (Including Birth Control):

_____

_____

_____

We usually compound hormones in the form of a topical cream and the hormones are absorbed through the skin. Or we compound hormones as a peppermint troche ("tro-key"). Troches are a gelatin type lozenge and the hormones are absorbed through the mucus membranes of the mouth. The cream comes in a Topi-Click dispenser. It looks like a deodorant dispenser. You turn/click the bottom and the cream is dispensed at the top and you can then just rub the cream onto your inner wrist/forearm or thighs (rotating sites on the thighs). The troches are dissolved under the tongue (over about 10 minutes) and are peppermint flavored. Some women will need to take their Progesterone in the form of an oral capsule separate from their cream or troche.

What would be your preference?: _____ Cream **Or** _____ Troche

Mark each symptom you may be experiencing as 0 (none), 1 (mild), 2 (moderate) or 3 (severe)

Symptom	0 (none)	1 (mild)	2 (moderate)	3 (severe)
Hot Flashes				
Foggy Thinking				
Heart Palpitations				
Aches and pains				
Allergies				
Sugar Cravings				
Hair- Scalp loss				
Breasts- Tender				
Anxious				
Weight Gain- Hips				
Cholesterol High				
Hair- Dry or Brittle				
Constipation				
Hoarseness				
Blood Pressure- Low				
Night Sweats				
Memory Lapse				
Bone Loss				
Fibromyalgia				
Chemical Sensitivity				
Triglycerides Elevated				
Hair- Increased Facial or Body				
Bleeding Changes				
Water Retention				
Stamina Decreased				
Swelling or Puffy Eyes/Face				
Nails Breaking or Brittle				
Rapid Heartbeat				
Urinary Urge Increased				

Numbness- Feet or Hands				
Vaginal Dryness				
Tearful				
Sleep Disturbed				
Fatigue- Morning				
Stress				
Weight Gain- Waist				
Acne				
Nervous				
Breasts- Fibrocystic				
Muscle Size Decreased				
Pulse Rate Slow				
Skin Thinning				
Blood Sugar Low				
Breast Cancer				
Incontinence				
Depressed				
Headaches				
Fatigue- Evening				
Body Temperature Cold				
Libido Decreased				
Mood Swings				
Irritable				
Uterine Fibroids				
Rapid Aging				
Sweating Decreased				
Infertility				
Goiter				
Blood Pressure High				
Panic Attacks				
PreMenstrual Dysphoric Disorder				