

Female Patient Questionnaire & History

(Last)	(First)		1	loday's Date:	
• •			(Middle)		
Date of Birth:	Age:	Weight:	Occupation:		
Home Address:		· · · · · · · · · · · · · · · · · · ·			
City:	· · · · · · · · · · · · · · · · · · ·		State:	Zip:	
Home Phone:	Cell Phone:		Work:		
E-Mail Address:			May we contact	you via E-Mail? () YES () NO	
In Case of Emergency Con	n Case of Emergency Contact:		Relationship:		
Home Phone:	me Phone:Cell Phone:		Work:		
Primary Care Physician's Name:		·	Phone:		
Address:		·			
	Bodroce		City	State Zip	
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Medical History

Any known drug allergies:	
Have you ever had any issues with anesthesia? () \ If yes, please explain:	Yes () No
Medications Currently Taking:	
Current Hormone Replacement Therapy:	
Past Hormone Replacement Therapy:	
Last menstrual period (estimate year if unknown):	
Other Pertinent Information:	
Preventative Medical Care:	Medical Illnesses:
() Medical/GYN exam in the last year.	() Polycystic Ovary Syndrome (PCOS)
() Mammogram in the last 12 months.	() High blood pressure.
() Bone density in the last 12 months.	() Heart bypass.
() Pelvic ultrasound in the last 12 months.	() High cholesterol.
High Risk Past Medical/Surgical History:	() Hypertension.
() Breast cancer.	() Heart disease.
() Uterine cancer.	() Stroke and/or heart attack.
() Ovarian cancer.	() Blood clot and/or a pulmonary emboli.
() Hysterectomy with removal of ovaries.	() Arrhythmia.
() Hysterectomy only.	() Any form of Hepatitis or HIV.
() Oophorectomy removal of ovaries.	() Lupus or other auto immune disease.
Birth Control Method:	() Fibromyalgia.
() Menopause.	() Trouble passing urine or take Flomax or Avodart.
() Hysterectomy.	() Chronic liver disease (hepatitis, fatty liver, cirrhosis)
() Tubal ligation.	() Diabetes.
() Birth control pills.	() Thyroid disease.
() Vasectomy.	() Arthritis.
() Other:	() Depression/anxiety.
	() Psychiatric disorder.
	() Cancer (type):



BHRT Checklist For Women

Name:	Date:				
E-Mail:					
Symptom (please check mark)	Never	Mild	Moderate	Severe	
Banana I I		<u></u>		-	
Depressive mood				Freigns Mark Spiger	
Memory Loss					
Mental confusion					
Decreased sex drive/libido					
Sleep problems					
Mood changes/Irritability					
Tension					
Migraine/severe headaches					
Difficult to climax sexually				era - Name e	
Bloating				***************************************	
Weight gain				ali sepa da da da	
Breast tenderness	-				
Vaginal dryness					
Hot flashes				e de la companya de La companya de la co	
Night sweats	· · · · · · · · · · · · · · · · · · ·				
Dry and wrinkled skin				gradina (sprima talak) Salahan	
·					
Hair falling out					
Cold all the time					
Swelling all over the body					
Joint pain					
Family History					
			NO	YES	
Heart Disease					
Diabetes					
Osteoporosis Alzheimer's Disease					
Breast Cancer					
				[]	