

hormone optimization PROGRAM

Patient Label

Date: _____

SYMPTOM ASSESSMENT CHART - FEMALE

Please rate the following symptoms: 0 - None/Never to 5 - Very Severe/Frequent

	Rating 0-5
Acne	
Anxiety/Nervousness	
Apathy	
Breast Tenderness	
Brittle Nails	
Burned Out Feeling	
Chemical Sensitivities	
Cold Body Temperature	
Cold Extremities	
Confusion	
Constipation	
Cramping Abdominal	
Cravings for Sweet	
Decreased Concentration	
Decreased Sex Drive	
Decreased Sexual Sensation	
Decreased Stamina	
Deepening of Voice	
Depressed Mood	
Dry Eyes	
Dry Skin/Hair	
Fatigue	
Fibrocystic Breasts	
Fluid Retention Abdomen	
Fluid Retention Extremities	
Foggy Thinking	
Headaches	

	Rating 0-5
Heart Palpitations	
Heavy & Irregular Menses	
Hoarseness	
Hot Flashes	
Hypoglycemia	
Increased Facial/Body Hair	
Increased Hair Loss	
Irritability	
Joint Pains	
Low Blood Pressure	
Memory Problems	
Mood Swings	
Muscle Pain	
Night Sweats	
Numbness Hands and Feet	
Painful Intercourse	
Premenstrual Syndrome	
Salt Craving	
Sleep Disturbances	
Swollen Eyes	
Tearfulness	
Thinning Skin	
Tired But Wired	
Urinary Incontinence	
Vaginal Dryness	
Weight Gain: Hips	
Weight Gain: Waist	