

Female BHRT Checklist

Name: _____ Date: _____ DOB: _____

Symptom (please check mark)	Never	Mild	Moderate	Severe
Fatigue				
Mood Changes/Irritability				
Decreased Mental Ability				
Hot flashes/Night Sweats				
Weight Gain				
Decreased Sex Drive				
Sleep Problems				
Cold hands and feet				
Hair loss/Breakage				
Dry and wrinkled skin				
Breast Tenderness				
Migraine/severe headaches				
Difficult to climax sexually				
Bloating				
Vaginal dryness				
Swelling all over the body				
Joint pain				

Other Medical Symptom History: (Please check)

- History of Breast Cancer Epilepsy or Seizures Endometriosis or History of Endometriosis
 Fibrocystic Breast Disease PCOS History of Leiomyoma or Endometrial Polyps
 Hashimoto's Thyroiditis Acne Breast Tenderness Facial Hair Pre-Menstrual Migraines

