

Estrogen Progesterone

Date _____

Name _____

Estrogens

Tick Your Symptoms

Doctor to Complete this side

Energy	
<input type="checkbox"/>	Fatigue (persistent)
Mood	
<input type="checkbox"/>	Depression (persistent)
Mind	
<input type="checkbox"/>	Poor memory
Sex	
<input type="checkbox"/>	Poor libido (sex drive)
<input type="checkbox"/>	Decreased sex lubrication
<input type="checkbox"/>	Painful intercourse
Body	
<input type="checkbox"/>	Hot flushes, night sweats
<input type="checkbox"/>	Breasts drooping
Menstrual Cycle	
<input type="checkbox"/>	Irregular, frequent menstr.
<input type="checkbox"/>	Irregular, infrequent menstr.
<input type="checkbox"/>	Light or absent periods
Pelvic organs	
<input type="checkbox"/>	Vaginal dryness
<input type="checkbox"/>	Vaginal itching
<input type="checkbox"/>	Womb, bladder prolapse
<input type="checkbox"/>	Vaginal prolapse
<input type="checkbox"/>	Recurring bladder infectn.
<input type="checkbox"/>	Urinary incontinence
Muscles Joints	
<input type="checkbox"/>	Sore joints, arthritis

Appearance	
<input type="checkbox"/>	Pale face
<input type="checkbox"/>	Hollow face
<input type="checkbox"/>	Dry mucous membranes eyes mouth
<input type="checkbox"/>	Small sharp wrinkles above lip, corner eyes
Breasts	
<input type="checkbox"/>	Small breasts
<input type="checkbox"/>	Breast ptosis
Hands, skin	
<input type="checkbox"/>	Hands: small sharp folds
<input type="checkbox"/>	Pale skin
<input type="checkbox"/>	Dry, dehydrated skin
<input type="checkbox"/>	Small sharp wrinkles
Pelvic organs	
<input type="checkbox"/>	Vaginal dryness, atrophy
<input type="checkbox"/>	Uterine atrophy

Progesterone

Energy, Moods	
<input type="checkbox"/>	Muscle, Nervous tenseness
<input type="checkbox"/>	Irritability -- aggressiveness -- PMS
<input type="checkbox"/>	Anxiety -- anger -- outbursts of rages -- panic
Character	
<input type="checkbox"/>	Increased sensitivity to pain
<input type="checkbox"/>	Increased expression of pain
Sleep	
<input type="checkbox"/>	Insomnia with excess nervous tension and anxiety
Breasts and Abdomen	
<input type="checkbox"/>	PMT with tender, swollen breasts
<input type="checkbox"/>	Swollen belly, bloating
<input type="checkbox"/>	PM abdominal bloating
Menstruation	
<input type="checkbox"/>	Menorrhagia (heavy bleeding)
<input type="checkbox"/>	Endometriosis related pain

Face	
<input type="checkbox"/>	Reddish face
<input type="checkbox"/>	Swollen face
Breasts	
<input type="checkbox"/>	Macromastia
<input type="checkbox"/>	Swollen, (oedema) breasts
<input type="checkbox"/>	Mastalgia
<input type="checkbox"/>	Cystic breasts
Abdomen	
<input type="checkbox"/>	Distended abdomen
<input type="checkbox"/>	Tender abdomen
<input type="checkbox"/>	Increased abdominal fat
Pelvic organs	
<input type="checkbox"/>	Endomet. Hyperplasia
<input type="checkbox"/>	Fibroids
Feet	
<input type="checkbox"/>	Swollen feet, ankles