

<input checked="" type="checkbox"/> Tick Your Symptoms	Doctor to Complete this side
Behaviour	Appearance
<input type="checkbox"/> Nervous	<input type="checkbox"/> Pale
<input type="checkbox"/> Irritable	<input type="checkbox"/> Slumped, fragile
<input type="checkbox"/> Ill at ease	<input type="checkbox"/> Older looking adult
Mind and Character	<input type="checkbox"/> Kyphosis, lordosis
<input type="checkbox"/> Lack of mental firmness	<input type="checkbox"/> Loss height adult
<input type="checkbox"/> Indecision, hesitating	Fat
<input type="checkbox"/> Loss of self confidence	<input type="checkbox"/> Overweight, obese
<input type="checkbox"/> Lack of assertiveness	<input type="checkbox"/> Fat accum. Breasts - Hips - Abdomen
<input type="checkbox"/> Lack of authority	Face
<input type="checkbox"/> Submissiveness	<input type="checkbox"/> Poorly muscled face
<input type="checkbox"/> Poor memory	<input type="checkbox"/> Small wrinkles eye cnr
<input type="checkbox"/> Excess sensitivity to difficulties	<input type="checkbox"/> Vertical lip lines
<input type="checkbox"/> Unnecessary worry	<input type="checkbox"/> Dry eyes
<input type="checkbox"/> Low resistance to stress	Hair
Mood	<input type="checkbox"/> Decreased Axillary and Pubic hair
<input type="checkbox"/> Depression all day	<input type="checkbox"/>
<input type="checkbox"/> Excess anxiety, fear	Muscles
<input type="checkbox"/> Excess emotions	<input type="checkbox"/> Poor muscle volume, tone and strength
<input type="checkbox"/> Hysterical reactions	Body
Health	<input type="checkbox"/> Flabby belly
<input type="checkbox"/> Frequent complaints of being sick	<input type="checkbox"/> Increased abdom fat
Appearance	Legs
<input type="checkbox"/> Aging appearance	<input type="checkbox"/> Cellulite
<input type="checkbox"/> Abdominal obesity	<input type="checkbox"/> Varicose veins
<input type="checkbox"/> Muscle laxity	Behaviour
Temperature control	<input type="checkbox"/> Nervous
<input type="checkbox"/> Hot flushes	<input type="checkbox"/> Irritable
<input type="checkbox"/> Day and night sweats	<input type="checkbox"/> Hesitant
Energy	Mood and Mind
<input type="checkbox"/> Permanent fatigue worse with activity	<input type="checkbox"/> Depressive
<input type="checkbox"/> Low energy, tires easily	<input type="checkbox"/> Negative attitude
Exercise	<input type="checkbox"/> Poor concentration
<input type="checkbox"/> Lack of interest	<input type="checkbox"/> Poor memory
<input type="checkbox"/> Lack of endurance	<input type="checkbox"/> Higher, anxious tone
Muscles	Body hair
<input type="checkbox"/> Reduced strength	<input type="checkbox"/> Lack body hair
<input type="checkbox"/> Reduced muscle bulk	<input type="checkbox"/> Puberty type : small patches
Bones and Joints	<input type="checkbox"/> _____ of dense body hair
<input type="checkbox"/> Back pain	<input type="checkbox"/> Adult type: less dense but
<input type="checkbox"/> Joint pain	<input type="checkbox"/> _____ larger patches body hair
Skin	Skin
<input type="checkbox"/> Dry skin	<input type="checkbox"/> Pale skin
<input type="checkbox"/> Easily sunburned	<input type="checkbox"/> Atrophic, dry thin skin
Bladder	<input type="checkbox"/> Bruises easily
<input type="checkbox"/> Urinary incontinence	Genitalia
Sex	<input type="checkbox"/> Smaller clitoris
<input type="checkbox"/> Decreased or absent libido	<input type="checkbox"/> Vaginal atrophy, dry, itchy
<input type="checkbox"/> Reduced or absent clitoril, nipple sensitivity	_____
<input type="checkbox"/> Reduced or absent orgasm	_____
<input type="checkbox"/> Vaginal itching	_____
<input type="checkbox"/> Painful intercourse	_____