

Patient Name: _____ Date of Birth: _____ Date of Visit: _____

*Please rank the severity of each symptom listed below
0 = no symptoms • 10 = very severe symptoms*

LOW ESTROGEN

- Dry skin*
- Heart palpitations
- Hot flashes
- Night sweats
- Vaginal dryness or irritation
- Decreased sex drive*
- Painful intercourse
- Urinary track infections/irritation
- Thinning skin
- Osteoporosis
- Urinary incontinence
- Recurrent yeast infections
- Depression*

LOW TESTOSTERONE

- Decreased sex drive*
- Diminished feeling of well being
- Difficult to reach orgasm
- Prolonged fatigue*
- Aches and pains (muscle/joint)*
- Muscle weakness

LOW THYROID

- All day fatigue
- Dry skin*
- Dry, brittle hair
- Hair loss
- Depression*
- Lack of interest (apathy)
- Loss of enjoyment
- Difficulty focusing
- Carbohydrate craving*
- Constipation
- Cold intolerance
- Depression*

LOW PROGESTERONE

- Anxiety
- Menstrual cramping
- Insomnia
- Mood swings
- PMS
- Irregular menses/periods
- Endometriosis
- Uterine fibroids
- Swollen tender breasts
- Water retention
- Acne/oily skin
- Aches and pains (muscle/joint)
- Headaches
- Ovarian cysts
- Fibrocystic (lumpy) breasts
- Irritability*
- Carbohydrate craving*

LOW CORTISOL

- Fatigue (morning and afternoon)
- Difficulty concentrating
- Sleep disturbances
- Memory problems
- Depression*
- Dry skin*
- Irritability*

“*” because hormones need to be balanced, you may see the same symptom in several deficiencies

FEMALE HORMONE EVALUATION

Patient Name: _____ Date of Birth: _____ Date of Visit: _____

How do you feel when you wake up?

How well do you sleep?

What is your energy level?

Do you have any bloating, constipation or other gastrointestinal symptoms?

Thank you for you time!

 *Dr. Rogers*
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