



# Female Hormone Questionnaire

Thank you for your interest in our services. In order to receive a response from this questionnaire, **you must make an appointment** at your nearest practice location by phone or in person.

Please make an appointment at least 1 week after submitting this form. Bring in all testing performed recently to the consultation. (Lab work, Xrays, Ultrasound, Bone Density Scan, etc.).

Please fill out **all** questions listed in this form.

**Ahimsa Medical**  
(480) 461-0969  
1116 S. Dobson Rd, #126  
Mesa, AZ 85202

Full Name :	<input type="text"/>	Age :	<input type="text"/>
Health Professional :	<input type="text"/>	E-Mail :	<input type="text"/>
Phone Number :	<input type="text"/>		

Please describe your goals and reasons for seeking a consultation for female hormone balancing:

Are you currently on hormones?

If you answered "yes", please describe the type and dosage of the hormones you are taking: (Dosage: strength of hormone/hormones and how many do you take per day)

Have you had a hysterectomy?

If you are still menstruating, please describe the length of your menstrual cycles, if they are regular or irregular, and the flow (light/heavy):

Please read each description and select the number which best describes the frequency of your symptoms within the past year.

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CATEGORY I:				
Section A:	Never	Mild	Moderate	Severe
Description:	0	1	2	3
1. Weight Gain	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Water Retention	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Swollen Breasts	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Breast Tenderness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Abdominal Bloating	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. Backache During Period	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. Heavy Period	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. Painful Period	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. Pain Prior to Period	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. Feel Pressure in Pelvic Region	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. Sugar Cravings	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12. Increase in Appetite	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13. Period Longer than 3-5 Days	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14. Depression	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15. Anxiety	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
16. Headaches	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
17. Mood Swings	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Section B:	Never	Mild	Moderate	Severe
Description:	0	1	2	3
1. Period Shorter than 3-5 Days	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Light Period	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Vaginal Dryness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Insomnia	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Night Sweats	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. Hot Flashes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. Heart Palpitations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**CATEGORY I:**

Section C:	Never	Mild	Moderate	Severe
Description:	0	1	2	3
1. Excess Acne	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Increase in Facial Hair	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Sugar, Salt Craving	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

  

Section D:	Never	Mild	Moderate	Severe
Description:	0	1	2	3
1. Muscle Wasting	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Fatigue	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Low Self-Esteem	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Dry, Thin Skin	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Dry, Thin Hair	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. Hair Loss	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please write down any questions you may have about Prescription Natural Hormone Replacement Therapy (Rx NHRT), other medications, or any other questions that come up as you read through the materials you have received. Thank You:

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