



Name: _____ Date: _____ Age: _____ Email: _____

Current Treatment: _____

Answer according to problems that may have bothered you the past 30 days.

Circle: 😊 Not a Problem One **W**-Mild Problem Two **WW**-Moderate Problem Three **WWW**-Severe Problem

HOT FLASH FEVER

- Hot Flash 😊 **W W W**
- Hot Dread (Stressful) 😊 **W W W**
- Warm Flush 😊 **W W W**
- Night Sweats 😊 **W W W**
- Wet Nightgown 😊 **W W W**
- Cold Crash 😊 **W W W**
- # Per Day <3 <9 >9 😊 **W W W**

Total _____

VAGINA SAHARA

- Sahara (Dry) 😊 **W W W**
- Burning 😊 **W W W**
- Itching 😊 **W W W**

Total _____

SKINNY ON SKIN

- Dry 😊 **W W W**
- Wrinkles 😊 **W W W**
- Oily / Pimpley 😊 **W W W**
- Dry Thin Hair 😊 **W W W**
- Facial Hair 😊 **W W W**

Total _____

MOOD MATTERS

- Not Feeling Myself 😊 **W W W**
- Mood Swings 😊 **W W W**
- Crying Spells 😊 **W W W**
- Meno-Fog 😊 **W W W**
- Anxiety 😊 **W W W**
- Incomplete Tasks 😊 **W W W**
- Not Socializing 😊 **W W W**

Total _____

INSOMNIA QUEEN

- Going to Sleep 😊 **W W W**
- Staying Asleep 😊 **W W W**
- Daytime Fatigue 😊 **W W W**

Total _____

SEXERCIZE

- Lack of Desire 😊 **W W W**
- Lack of Comfort 😊 **W W W**
- Lack of Orgasm 😊 **W W W**
- Pain 😊 **W W W**

Total _____

PLUMBING & PAIN

- Urinary Problems 😊 **W W W**
- Joint Pain 😊 **W W W**
- Headaches 😊 **W W W**
- Breast Tenderness 😊 **W W W**

Total _____

BMI _____ TOTAL W

PLAN: _____