

HORMONE EVALUATION

NAME: _____ **DATE:** _____

****For Hormone Consultation, please complete this evaluation and bring it with you to your appointment. There is a consultation fee of \$125.00, payable at time of visit. The average time for consult is approximately 45-60 minutes. You will receive one free follow-up during the first 90 days of therapy. Any additional follow-ups that require a recommendation to your practitioner will be prorated at \$95/hr. If you set up an account and do our preconsultation interviews on our BHRT website: <http://www.personalhormones.com?longsrx> your consultation will be discounted to \$75.**

MEDICAL STATUS

Age: _____ Weight: _____ Height: _____ Date of Birth: _____ Waist Circumference: _____	General Health: (Circle one) Excellent Good Fair Poor Energy Level: (Circle one) High Fairly High Low Time of day energy level is lowest: _____	Blood Pressure _____ Serum Cholesterol Date: _____ Total Cholesterol: _____ HDL: _____ LDL: _____ Triglycerides: _____
Primary Care Physician: _____		Date of Last Exam: _____
OB/GYN: _____		Date of Last Exam: _____

Medical History:

Known Medical Conditions (Check all that apply)

- | | | | |
|--|---|--|---------------------------------------|
| <input type="checkbox"/> Asthma/COPD | <input type="checkbox"/> Ulcer(s) | <input type="checkbox"/> Mental Health Condition | <input type="checkbox"/> Fatigue |
| <input type="checkbox"/> Heart Disease | <input type="checkbox"/> Heart Failure | <input type="checkbox"/> Migraine Headaches | <input type="checkbox"/> Arthritis |
| <input type="checkbox"/> Depression | <input type="checkbox"/> Hyperlipidemia | <input type="checkbox"/> Thyroid Disorder | <input type="checkbox"/> Hypoglycemia |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Hypertension | <input type="checkbox"/> Seasonal Allergies | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Reflux | <input type="checkbox"/> Osteoporosis | <input type="checkbox"/> Anemia | <input type="checkbox"/> _____ |

Have you had any type of surgery? _____ (if yes, please provide date and type below)

Have you had a bone density scan? Yes _____ No _____ Date of Scan _____
Results:

Have you had a mammogram? Yes _____ No _____ Date of Mammogram _____
Results:

FAMILY MEDICAL HISTORY

Diabetes	Heart Disease	Cancer
Yes No	Yes No	Yes No
Relationship:	Relationship:	Relationship:

For family history of cancer, please specify type of cancer:

GYNECOLOGICAL HISTORY

Have you had a hysterectomy? Yes ___ No ___ If so, when? _____

Do you still have your ovaries? Yes ___ No ___

Reason for hysterectomy: _____

Date of last Pap smear: _____ Results: _____

History of vaginal / bladder infections? Yes ___ No ___ Describe: _____

Date of last period: _____

Briefly describe your periods (For example: Are your periods regular? How many days from start of one period to the start of the next one? How many days of flow? Describe your flow, is it light or heavy? Any bleeding between periods (breakthrough bleeding)?

Method of Birth Control:

- Oral Contraceptive, Diaphragm, Condom
- Partner Vasectomy
- Tubal Ligation
- Other _____

Is pregnancy desired at this time or in the near future? Yes ___ No ___

Pregnancies:

Number of pregnancies ___ Number of Births ___ Number of Miscarriages ___

Was pregnancy problematic? Yes ___ No ___ If yes, describe below:

Was fertility an issue? Yes ___ No ___ If yes, describe below:

MEDICATION HISTORY

Please list current medications and note how long you have been taking them:
(Do not list hormones)

Drug Allergies: _____

Any problems with Dyes or Fragrances: _____

Current Hormone therapy including birth control pills or natural hormones

Name of Hormone	Strength (mg)	Frequency of Use	Length of time you been using this

Have you tried other hormone therapy in the past? Yes ___ No ___ If so, list below:

What kind	Dose	Length of time used	When discontinued	How it affected you

Do you understand what bio-identical (natural) hormones are?

Very familiar _____ Somewhat familiar _____ Not familiar at all _____

If familiar, how did you hear about bio-identical hormones?

Check applicable symptoms for each category:

ESTROGENS

Estrogen Deficiency		Estrogen Excess	
<input type="checkbox"/> Hot Flashes	<input type="checkbox"/> Depressed	<input type="checkbox"/> Mood Swings (PMS)	<input type="checkbox"/> Fibrocystic Breasts
<input type="checkbox"/> Night Sweats	<input type="checkbox"/> Sleep Disturbances	<input type="checkbox"/> Tender Breasts	<input type="checkbox"/> Uterine Fibroids
<input type="checkbox"/> Vaginal Dryness	<input type="checkbox"/> Heart Palpitation	<input type="checkbox"/> Water Retention	<input type="checkbox"/> Weight Gain in Hips
<input type="checkbox"/> Foggy Thinking	<input type="checkbox"/> Bone Loss	<input type="checkbox"/> Nervous	<input type="checkbox"/> Bleeding Changes
<input type="checkbox"/> Memory Lapses	<input type="checkbox"/> Dry Skin/Hair	<input type="checkbox"/> Irritable	<input type="checkbox"/> Headaches
<input type="checkbox"/> Incontinence	<input type="checkbox"/> Headaches	<input type="checkbox"/> Anxious	<input type="checkbox"/> Heavy Periods
<input type="checkbox"/> Tearful		<input type="checkbox"/> Sleep Disturbances	<input type="checkbox"/> Breast Cancer
		<input type="checkbox"/> Cold Body Temperature	<input type="checkbox"/> Weight Gain/Waist
		<input type="checkbox"/> Elevated Triglycerides	<input type="checkbox"/> Low Libido

PROGESTERONE DEFICIENCY

<input type="checkbox"/> Candida Infections	<input type="checkbox"/> Miscarriage	<input type="checkbox"/> Sleep Disturbances	<input type="checkbox"/> Breakthrough Bleeding
<input type="checkbox"/> Fibrocystic Breasts	<input type="checkbox"/> Arthritis	<input type="checkbox"/> Weight Gain	<input type="checkbox"/> Fibroids
<input type="checkbox"/> Hair Loss	<input type="checkbox"/> Endometriosis	<input type="checkbox"/> Heavy Periods	<input type="checkbox"/> PMS
<input type="checkbox"/> Anxiety	<input type="checkbox"/> Stressed Easily	<input type="checkbox"/> Irritability	<input type="checkbox"/> Irregular Periods
<input type="checkbox"/> Headaches	<input type="checkbox"/> Water Retention	<input type="checkbox"/> Cramps	<input type="checkbox"/> Hypothyroid

ANDROGENS (DHEA AND TESTOSTERONE)

Androgen Deficiency		Androgen Excess	
<input type="checkbox"/> Low Libido	<input type="checkbox"/> Depressed	<input type="checkbox"/> Excessive Facial Hair	<input type="checkbox"/> Oily Skin
<input type="checkbox"/> Vaginal Dryness	<input type="checkbox"/> Sleep Disturbances	<input type="checkbox"/> Excessive Body Hair	<input type="checkbox"/> Ovarian Cysts
<input type="checkbox"/> Fatigue	<input type="checkbox"/> Thinning Pubic Hair	<input type="checkbox"/> Increased Acne	<input type="checkbox"/> Hair Loss (Scalp)
<input type="checkbox"/> Aches/Pains/Arthritis	<input type="checkbox"/> Bone Loss	<input type="checkbox"/> Breast Cancer	<input type="checkbox"/> Nervous, Irritable
<input type="checkbox"/> Memory Lapses	<input type="checkbox"/> Decreased Muscle Mass	<input type="checkbox"/> Elevated Triglycerides	
<input type="checkbox"/> Incontinence	<input type="checkbox"/> Thinning Skin		
<input type="checkbox"/> Heart Palpitations	<input type="checkbox"/> Fibromyalgia		

CORTISOL IMBALANCE

Cortisol Deficiency		Cortisol Excess	
<input type="checkbox"/> Fatigue	<input type="checkbox"/> Cold Body Temp	<input type="checkbox"/> Sleep Disturbances	<input type="checkbox"/> Heart Palpitations
<input type="checkbox"/> Sugar Cravings	<input type="checkbox"/> Irritable	<input type="checkbox"/> Bone Loss	<input type="checkbox"/> Headaches
<input type="checkbox"/> Allergies	<input type="checkbox"/> Arthritis	<input type="checkbox"/> Fatigue	<input type="checkbox"/> Stress
<input type="checkbox"/> Chemical Sensitivity	<input type="checkbox"/> Heart Palpitations	<input type="checkbox"/> Weight Gain/ Waist	<input type="checkbox"/> Cold Body Temp
<input type="checkbox"/> Stress	<input type="checkbox"/> Aches/ Pains	<input type="checkbox"/> Loss of Muscle Mass	<input type="checkbox"/> Sugar Cravings
<input type="checkbox"/> Low Blood Sugar	<input type="checkbox"/> Salt Cravings	<input type="checkbox"/> Thinning Skin	<input type="checkbox"/> Low Libido
		<input type="checkbox"/> Elevated Triglycerides	<input type="checkbox"/> Hair Loss
		<input type="checkbox"/> Breast Cancer	<input type="checkbox"/> Increased Facial Hair
		<input type="checkbox"/> Irritability	<input type="checkbox"/> Increased Body Hair
		<input type="checkbox"/> Anxious	<input type="checkbox"/> Acne
		<input type="checkbox"/> Memory Lapse	<input type="checkbox"/> Nervous

Thyroid Imbalances

<input type="checkbox"/> Tired or Exhausted	<input type="checkbox"/> Difficult To Concentrate	<input type="checkbox"/> Nails Breaking (Brittle)	<input type="checkbox"/> Infertility Problems
<input type="checkbox"/> Sad or Depressed	<input type="checkbox"/> Mood Changes	<input type="checkbox"/> Aches / Pains	<input type="checkbox"/> Slowed Reflexes
<input type="checkbox"/> Cold Body Temp	<input type="checkbox"/> Swelling / Puffy	<input type="checkbox"/> Low Libido	<input type="checkbox"/> Constipation
<input type="checkbox"/> Cold Hands & Feet	<input type="checkbox"/> Heart Palpitations	<input type="checkbox"/> Thick Tongue	<input type="checkbox"/> Slow Ankle Reflex
<input type="checkbox"/> Weight Gain	<input type="checkbox"/> Low Blood Pressure	<input type="checkbox"/> Sleep Disturbance	<input type="checkbox"/> Hoarseness
<input type="checkbox"/> Can't Lose Weight	<input type="checkbox"/> Slow Pulse Rate	<input type="checkbox"/> Bone Loss	<input type="checkbox"/> Decreased Muscle Mass
<input type="checkbox"/> Memory Lapse	<input type="checkbox"/> Decreased Sweating	<input type="checkbox"/> Hair Loss	<input type="checkbox"/> High Cholesterol
<input type="checkbox"/> Forgetful	<input type="checkbox"/> Thinning Skin	<input type="checkbox"/> Hair Dry or Brittle	

DIET

Dietary Restrictions and/or food allergies: _____

Do you get 5 servings of fruits and vegetables daily? __Yes __No

Do you have symptoms of hypoglycemia? (Do you get headaches, dizzy, or irritable if you miss a meal? __Yes __No If yes, which part of the day are symptoms worse? _____

Describe typical meal choices:

Breakfast: _____

Lunch: _____

Dinner: _____

EXERCISE

Do you get regular exercise? Yes ___ No ___ If yes, please elaborate:

Type of exercise: _____

Frequency per week: _____

STRESS LEVEL

Current Stress Level: ___Highly Stressed ___ Moderately Stressed ___ Not Stressed

Current Dietary Supplements: (List below including strength/dosages of any vitamins, etc)

Please list the top 5 major concerns and/or goals that you would like to achieve with natural hormone replacement therapy:

- 1. _____
- 2. _____
- 3. _____
- 4. _____
- 5. _____

Impression / Notes (for office use):

STRESS QUESTIONNAIRE

Give each question a value ranging from 0-5 with "0" representing not being true for you and "5" describing you very well.

Do you tire more easily?

0 1 2 3 4 5

Do you feel fatigued rather than energetic?

0 1 2 3 4 5

Are people annoying you by telling you "you don't look so good lately"?

0 1 2 3 4 5

Are you working harder and harder by accomplishing less?

0 1 2 3 4 5

Are you increasingly cynical and disenchanted?

0 1 2 3 4 5

Do you often experience unexplained sadness?

0 1 2 3 4 5

Are you forgetting appointments, deadlines or personal possessions more frequently?

0 1 2 3 4 5

Have become more irritable?

0 1 2 3 4 5

Are you shorter tempered?

0 1 2 3 4 5

Are you more disappointed with people around you?

0 1 2 3 4 5

Are you seeing family members and close friends less frequently?

0 1 2 3 4 5

Are you too busy to do even routine things like make phone calls or read reports or send cards to friends?

0 1 2 3 4 5

Are experiencing increased physical complaints (aches, pains, headaches, and lingering colds)?

0 1 2 3 4 5

Do you feel disoriented when the activity of the day comes to a halt?

0 1 2 3 4 5

Is joy elusive?

0 1 2 3 4 5

Are you unable to laugh at a joke about yourself?

0 1 2 3 4 5

Does sex seem like more trouble than it's worth?

0 1 2 3 4 5

Do you have very little to say to people?

0 1 2 3 4 5

Please complete the following statement: I have never felt quite the same since...

ESTROGEN

Roles of Estrogen: Declines 30% by the Age of 50

<ul style="list-style-type: none"> • Creates endometrium • Development at puberty • Regulates menstrual cycle • Plumps vaginal tissue • Reduces vaginal dryness • Slows bone loss • Can help reduce incidence of heart attack • Anti-aging factor • Prepares uterus for fertilized egg • Increases sensitivity of progesterone receptors • Uplifts mood • Affects more than 300 tissue systems of the body 	<ul style="list-style-type: none"> • Lowers LDL and prevents it from being oxidized • Increases HDL • Decreases lipoprotein and homocysteine • Affects every neurotransmitter in the brain (serotonin, dopamine, GABA) • Affects the neurotransmitters responsible for memory and motivation • Helps with carbohydrate cravings • Protects against colon cancer • Increases growth hormone • Adds moisture to the skin • Helps with insulin resistance • Needed for verbal memory and to learn new concepts, reasoning, and fine motor skills
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Symptoms of Effects of Low Estrogen

<ul style="list-style-type: none"> • Hot flashes • Fatigue • Headaches/migraines • Night sweats • Vaginal infections • Bladder infections • Incontinence • UTI's • Forgetfulness • Depression 	<ul style="list-style-type: none"> • Episodes of rapid heart beat • Less mentally sharp • Poor concentration • Decreased verbal skills • Dry and thin skin • Reduction of breast size • Irregular bleeding • Difficulty falling asleep • Emotional stability 	<ul style="list-style-type: none"> • Testosterone imbalance • Can promote insulin resistance • Increased risk of heart disease • Increases risk of cancer • Increases risk of diabetes • Lower libido • Painful intercourse • Osteoporosis • Minor anxiety
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- Emotional effects: feelings of despair, depression, crying easily

4 Types of Estrogen

1. Endogenous

- Estradiol (10-20%): Prevents loss of old bone, E1, E2 affect and protect mind, bone, and cardiovascular system
- Estrone (10-20%): Thought to promote new bone tissue
- Estriol (60-80%): Healthy skin, vaginal lubrication, hot flashes, anticancer, mental clarity, counterbalances estradiol and estrone

2. Phytoestrogens

3. Xenobiotics

4. Conjugated Equine Estrogens and Synthetics

PROGESTERONE

Roles and Properties of Progesterone: Decreases 75% from Age 35-50

<ul style="list-style-type: none"> • Decreases menstrual bleeding • Anti-cancer, anti-aging hormone • Improves brain structure, function, and memory • Helps regulate water tension • Increases intelligence of fetus • Protects against miscarriage • Stimulates new bone formation • Anti-aging to skin • Natural antidepressant • Normalizes blood clotting • Normalizes blood sugar levels • Reduces irritability and anxiety • Prevents endometrial cancer • Useful in some seizure disorders • Prevents yeast infections • Helps prevent aches and pains • Protective effect on brain chemistry • Helps with incontinence 	<ul style="list-style-type: none"> • Increases Ig-E to help prevent sinus, respiratory, vaginal infections, and allergic reactions • Increases sensitivity of estrogen receptors • Natural diuretic • Restores natural sleep patterns • Increases exercise endurance • Calms/protects nervous system • Enhances GABA • Reduces carb/sweets cravings • Basic hormone adaptation and resistance for stress • Enhances number of insulin receptors on cells • Helps with insulin resistance • Helps prevent CVD • Safer metabolism of estrogens • Raises HDL, lowers triglycerides • Improves efficiency of the heart 	<ul style="list-style-type: none"> • Increases metabolic rate • Used by adrenal to produce anti-stress hormones to prevent excessive production of cortisol • May protect from abnormal breathing during sleep • Decreases fat storage • Increases body supply of oxygen and gestation • Mild sedative in large doses • Prevents PMS • Maintains endometrium • Inhibits fibrocystic breast disease • Facilitates thyroid hormone action • Restores sex drive • Tones blood vessels • Reduces risk of autoimmune disease • Helps prevent arteriosclerosis • Thymus gland depends on progesterone
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Symptoms and Problems Associated with Progesterone Deficiency

<ul style="list-style-type: none"> • Fibrocystic breast disease • Poor sleep/sleep disturbances • Pain and inflammation • High risk of breast/uterine cancer • Low HDL • Painful periods • Longer interval between periods • No periods • Acceleration of the aging process • Allergies or sinus problems • Breast tenderness • Decreased sex drive • Depression • Fatigue due to interference with thyroid hormone utilization • Headaches/migraines 	<ul style="list-style-type: none"> • Irritability • Memory loss • Miscarriage • Osteoporosis • Premenopausal bone loss • PMS • Inability to handle stress • Autoimmune disorders • Fibroids/endometriosis • Water retention, bloating • Gallbladder disease • Mood swings • Infertility • Ovarian cysts • Spider veins • Foggy thinking/poor memory • Incontinence 	<ul style="list-style-type: none"> • Food cravings (sweets) • Body aches • Cervical dysplasia • Dry eyes • Zinc/magnesium deficiency • Slow metabolism • Blood sugar imbalances • Constipation • Heart palpitations • Adult acne • Thyroid dysfunction w/hyperthyroid symptoms • Fat gain (abdominal, hip, thigh) • Leg cramps • Nausea • Hypoglycemia • Hot flashes/night sweats
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- Emotional Effects: anxiety, over reacting, easily alarmed, stressed, feelings of confusion, mood swings, irritability, nervous, jittery

TESTOSTERONE

Roles and Properties of Testosterone	
<ul style="list-style-type: none"> • Affects brain, heart, bones, and other tissue • Enhances function of the heart • Necessary to build tissue, esp. muscle • Relaxes coronary arteries allowing more blood flow to the heart 	<ul style="list-style-type: none"> • Modulated immune function • Antidepressant • Essential for health aging • Cardiovascular protection

Symptoms and Problems of Deficient Testosterone		
<ul style="list-style-type: none"> • Decreased libido • Impaired sexual dysfunction • Decreased overall energy • Decreased sense of well being • Thinning pubic hair • Angina 	<ul style="list-style-type: none"> • Hot flashes • Thin tissue of the vulva and labia • Loss of muscle tone • Sagging and wrinkled skin • Coronary arterial spasms • Mild depression 	<ul style="list-style-type: none"> • Lichen sclerosus • Weakening of the pelvic floor muscles • Incontinence • Myofacial pain • Osteoporosis

- Emotional Effects: Lack of drive and confidence, vim and vigor, depression, lack of motivation

Symptoms and Problems of Excessive Testosterone		
<ul style="list-style-type: none"> • Mood disturbances • Acne and oily skin • Increased facial hair 	<ul style="list-style-type: none"> • Deepened voice • Ovarian cysts • Hypoglycemia • mid-cycle pain 	<ul style="list-style-type: none"> • Thinning scalp hair • Low HDL • Increased risk of breast cancer • Insulin resistance

- Emotional Effects: Agitated, angry, irritable

CONVENTIONAL HORMONE REPLACEMENT THERAPY

Side Effects of Synthetic Estrogen Replacement Therapy

- Side effects of Premarin (from the Physician's Desk Reference): hair loss, autoimmune disorders, arthritis, thyroid disease, fluid retention, irritability, breast problems, high blood pressure, weight gain, progesterone/estrogen imbalance, nausea, 2.5 fold increase of all bladder disease, yeast infection, 46% greater risk of stroke, and 4-8 times greater risk of uterine cancer
- *The Lancet* in 1997 reported on 51 studies of 161,000 women using HRT of those who quit. These women had 1.023 greater risk of breast cancer for each year of use.
- *JAMA*, 1-26-1999, reported that for women on HRT (Premarin/Provera) breast cancer risk increases 8% per year. This means women on conventional HRT have a 40% increased risk after 5 years (8% time 5 years equals 40%). Even women who have no uterus on ERT are still at risk of fibrocystic breast disease, water retention, weight gain, high blood pressure, blood clots, gallbladder disease and breast cancer.
- A new study had found women on estrogen 2X as likely to have their gallbladders or appendix removed. Research has also associated estrogen with asthma, arthritis, and pancreatic inflammation.
- HRT often leads to cervical dysplasia (abnormal cells on the cervix)
- *Women's Health Initiative Study 2002* – NIH stopped the study due to 26% increase in breast cancer, 23% increased risk of heart disease, 38% increased risk of stroke, and 100% increased risk of blood clots.

Side Effects of Synthetic Progestins

- Provera and "the pill" are synthetic progesterone
- Side Effects: cancer, blood clots, fluid retention, break through bleeding, depression, breast tenderness, skin rashes, acne, hair loss, weight gain, heart disease, progesterone deficiency, interference with thyroid function, loss of mineral electrolytes from cells and cellular edema; increases birth defects, facial hair and blood sugar problems
- Provera lowers HDL and increases risk of diabetes and contributes to insulin resistance
- Progestins also reduce levels of anti-aging hormones
- Some women have chest pains after taking Provera
- Progestins can damage nerve cells and affect ability to sleep.
- Progestins have a constrictive effect on the coronary arteries → reduce the diameter of arteries to the heart → "choking" vital blood to the heart → possibly resulting in severe angina or sudden onset heart attack
- Progestins cancel the protective effect of estradiol on the heart
- Oral contraceptives increase the risk of cervical dysplasia by at least 50% and cervical cancer by 25%
- Study in *the Lancet* in 1994 found that being on the pill 1-6 months increased risk of cervical cancer by 3X

These Side Effects are From Dr. Ellen Grant's Book

The Bitter Pill: How Safe is the Oral Contraceptive?

- | | |
|---|---|
| <ul style="list-style-type: none">• 6X greater risk blood clot in a blood vessel• 4X the risk of heart attack• 3X the greater risk of headaches• 2X the risk of high blood pressure• 2X the risk of dying from hormonal cancers• More thyroid and liver cancers• Reduction of antioxidant levels• Higher rate of anti-anxiety drug usage | <ul style="list-style-type: none">• 4X greater risk of dying from a stroke• 2X risk of migraines• Increased risk of ovarian cancer• Altered immune function• Increased risk of osteoporosis due to blood vessel abnormalities in the bone• Higher likelihood of having uterus or ovaries removed |
| <ul style="list-style-type: none">• Increased risk of ovarian cysts, infections, urinary tract problems, cervical erosion, allergies, gallbladder disease, sinus infections, ulcerative colitis, Crohn's Disease, lung disease, epilepsy, loss of libido, infertility, pituitary tumors, and schizophrenia | |
| <ul style="list-style-type: none">• The claim that newer oral contraceptives cause fewer symptoms and are less dangerous does not have hard evidence to prove that they are safer. | |