

Instructions: Review the following symptoms. **Rate your symptoms on a scale of 1-10:**

1 = mild 10 = severe

Be sure to fill out the chart on the same day of the calendar month for the next three months.

The Pharmacist will be better able to assess your Hormone Replacement needs.

Lack of Estrogen

	Month 1	Month 2	Month 3
Hot Flashes			
Shortness of Breath			
Night Sweats			
Sleep Disorders			
Vaginal Dryness			
Dry Skin			
Anxiety			
Mood Swings			
Headache			
Depression			
Memory Loss			
Heart Palpitations			
Yeast Infections			
Vaginal Shrinkage			
Painful Intercourse			
Inability to Orgasm			
Lack of Menstruation			

Finding the

Balance for Women

Bio-Identical Hormone Replacement Therapy Symptoms

List Chart from King Pharmacy Topeka

Lack of Progesterone

	Month 1	Month 2	Month 3
Headache			
Low Libido			
Anxiety			
Swollen Breasts			
Moodiness			
Fuzzy Thinking			
Depression			
Food			
Irritability			
Insomnia			
Cramps			
Emotional Swings			
Painful Breasts			
Weight Gains			
Bloating			
Inability to Concentrate			
Early Menstruation			
Painful Joints			
Asthma			
Acne			
Hair Loss			

Patient Name: _____

Dates of

Month 1: _____

Month 2: _____

Month 3: _____

Excess Progesterone

	Month 1	Month 2	Month 3
Depression			
Sleepiness			

Excess Estrogen

	Month 1	Month 2	Month 3
Water Retention			
Fatigue			
Breast Swelling			
Fibrocystic Breasts			
Premenstrual-like mood swings			
Loss of Sex Drive			
Heavy/Irregular Menses			
Uterine Fibroids			
Craving for Sweets			
Weight Gain			