

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 | | | |