

ALPHARETTA WELLNESS CLINIC
HORMONE CALCULATOR FOR WOMEN

NAME _____ DATE _____

Please take a few minutes for this brief hormonal survey. If you are experiencing some of these symptoms, bio-equivalent hormone therapy may be helpful for you.

Circle your age group: 18-30 31-45 46 or over

List any medications you are taking, including birth control pills and non-prescription drugs _____

Hormonal imbalances can cause many of the symptoms listed below. Rate the severity of your symptoms on a scale of 0 – 3 and record in the blanks.

- | | | |
|------------------------|-----------------------------|--------------------------|
| ___Mood swings | ___Irritability/anger | ___Tension |
| ___Memory loss | ___Depression | ___Decreased sex drive |
| ___Bloating | ___Weight gain | ___Breast tenderness |
| ___Sleep loss | ___Hot flashes | ___Vaginal dryness |
| ___Night sweats | ___Joint pain/stiffness | ___Migraine/headaches |
| ___Mental confusion | ___Back pain | ___Painful intercourse |
| ___Osteoporosis | ___Fatigue | ___Crying spells/weeping |
| ___Leg cramps | ___Low energy | ___Brain fog |
| ___Infertility | ___Frustration | ___Dry skin/dry hair |
| ___Panic/hysteria | ___Fibroids | ___Sweet cravings |
| ___Endometriosis | ___Facial hair | ___Irregular periods |
| ___Fibrocystic breasts | ___Lowered concentration | ___Low motivation |
| ___Low muscle strength | ___Difficulty losing weight | |

