

PERSONAL QUESTIONNAIRE FOR BIO-IDENTICAL HORMONES

Name _____ Birthday _____ Today's Date _____

1. What risks do you have against taking these hormones (history of blood clots?, history of breast or uterine cancer?, abnormal uterine bleeding?, uncontrolled serious medical illnesses, like heart disease or high blood pressure)?

2. What are your goals? What do you expect that these Hormones will do for you?

3. Do you prefer bio-identical or synthetic? _____

4. Do you want commercial or compounded? _____

5. Do you need systemic or just topical? _____

6. Which form do you prefer? (pill, capsule, vaginal ring, cream, gel, etc.) Why?

7. Do you want labs done? _____ Why? _____

8. What other questions do you have for me today? _____

PLEASE BRING COMPLETED FORM WITH YOU TO YOUR APPOINTMENT.