Personal information »hormones woman«

General information

Name .....
First name .....
Street address .....
Postal code and city .....

E-Mail .....
Telephone (day time) .....
Date of birth .....
Profession .....
Date of appointment .....

Our questions for you

Your height ..... Your weight ..... Your age .....

Do you have children? ☐ Yes ☐ No Please provide their birth years .....

Period / monthly cycle ☐ regular: Every ..... days and lasts ..... days ☐ irregular ☐ non-existent: last bleeding (year) .....

Do you have any allergies? ☐ Yes ☐ No

List allergies here .....

Do you take medication? ☐ Yes ☐ No

Please provide the exact name, strength and dosage .....

Have you had an operation in the past? ☐ Yes ☐ No

List type of operation and date (year) .....

Do you suffer from a serious illness? ☐ Yes ☐ No

List illness(es) here .....

Have any members of your immediate family (mother, sister, aunts) been diagnosed with ovarian or breast cancer? ☐ Yes ☐ No

List here .....

Have any members of your immediate family (parents, siblings) been diagnosed with vascular diseases (heart attack, stroke, thrombosis, dementia, arterial occlusive disease)? ☐ Yes ☐ No

List diseases here .....

Do you smoke? ☐ Yes ☐ No How many cigarettes per day? .....

Do you suffer from any of the following symptoms:

Depression? ☐ Yes ☐ No Since when? .....

Memory loss? ☐ Yes ☐ No Since when? .....

Weight gain or loss? ☐ Yes ☐ No Since when? .....

Hair loss? ☐ Yes ☐ No Since when? .....

Hot flashes? ☐ Yes ☐ No Since when? .....

Difficulty sleeping? ☐ Yes ☐ No Since when? .....

Loss of libido? ☐ Yes ☐ No Since when? .....

Sweating? ☐ Yes ☐ No Since when? .....

Loss of energy / listlessness? ☐ Yes ☐ No Since when? .....

Which of these symptoms would you identify as the **main issue**? .....