QUICK REFERENCE HORMONAL SNAP SHOT

Name_____ DATE_____

Group 1

○ PMS	○ Cyclical headache
○ Early Miscarriage	○ Insomnia
○ Unexplained weight gain	○ Painful and / or lumpy breasts
○ Anxiety	○ Infertility

Number of boxes checked in this section_____

Group 2

○ Vaginal Dryness	○ Night Sweats
○ Painful Intercourse	○ Memory Loss
○ Bladder Infections	○ Lethargic Depression
○ Hot Flashes	

Number of boxes checked in this section_____

Group 3

○ Puffiness or bloating	○ Breast Tenderness
○ Rapid weight gain in hips & abdomen	○ Migraine Headaches
○ Mood Swings / Weepiness	○ Foggy Thinking
○ Anxious Depression	○ Red Flush on Face
○ Insomnia	○ Fibrocystic Breasts
○ Gallbladder problems	○ Water Retention
○ Cervical Dysplasia(abnormal pap)	○ Fibromyalgia
○ Heavy Bleeding	○ Hysterectomy

Number of boxes checked in this section_____

QUICK REFERENCE HORMONAL SNAP SHOT

Group 4

- A combination of groups 1 & 3 totaling at least 2 in each group

Group 5

○ Acne	○ Ovarian Cysts
○ Excessive hair on face and arms	○ Thinning Hair on Head
○ Polycystic ovary syndrome (PCOS)	○ Discomfort in Lower Abdomen
○ Low and Unstable Blood Sugar	○ Infertility

Number of boxes checked in this section _____

Group 6

○ Debilitating Fatigue	○ Low Blood Pressure
○ Foggy Thinking	○ Brown Spots on the Face
○ Thin or Dry Skin	○ Unstable Blood Sugar
○ Intolerance for Exercise	○ Brown Spots on Body

Number of boxes checked in this section _____

POINTS:

Group 1_____

Group 2_____

Group 3_____

Group 4_____

Group 5_____

Group 6_____