



Heritage Medicine

Hormone Evaluation (Female)

Patient Information:

Symptom Review:

<input type="checkbox"/>	Anxiety	<input type="checkbox"/>	Irritability	<input type="checkbox"/>	Fatigue
<input type="checkbox"/>	Loss of Energy	<input type="checkbox"/>	Poor focus	<input type="checkbox"/>	Poor concentration
<input type="checkbox"/>	Loss of Muscle Tone	<input type="checkbox"/>	Decreased exercise tolerance	<input type="checkbox"/>	Prolonged recovery from exercise
<input type="checkbox"/>	No improvement with exercise	<input type="checkbox"/>	Weight gain in spite of exercise	<input type="checkbox"/>	Loss of memory
<input type="checkbox"/>	Osteoporosis	<input type="checkbox"/>	Decreased sexual desire	<input type="checkbox"/>	Loss of cardiac protection
<input type="checkbox"/>	Dyslipidemia	<input type="checkbox"/>	Hot flashes	<input type="checkbox"/>	Night sweats

OB/Gyn History

Menarche:

OB history: G__P_____

Current periods:

Different from before?

Current Hormones:

Lab Results:

FSH

LH

Prolactin

Estradiol

Testosterone

Progesterone

Assessment:

Plan:

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