

Menopause Symptoms Evaluation

Date: _____

Name: _____ Current age: _____

Approximate age at onset of symptoms? _____ Are you still having a period? _____yes _____no

If yes, is your cycle regular? _____yes _____no Approximate date of last period? _____

Please check all symptoms that **currently** apply to you.

MENTAL

_____ Anxiety _____ Difficulty Concentrating _____ Thoughts of Apprehension, Dread and Doom
_____ Headaches _____ Migraines _____ Dizziness and Lightheadedness
_____ Panic Attacks _____ Memory Lapses _____ Inability to Cope With Stress Other _____

EMOTIONAL

_____ Uncontrollable Mood Swings _____ Depression _____ Anger _____ Nostalgia and Melancholy
_____ Diminished Self Esteem _____ Body Image Issues _____ Irritability _____ Rage Other _____

PHYSICAL

_____ Night Sweats _____ Heavy, Prolonged Vaginal Bleeding _____ Bloating
_____ Irregular Periods _____ Joint, Muscle and Tendon Pain _____ Ovarian Cysts
_____ Breast Tenderness and Swelling _____ Uterine Fibroids _____ Fatigue
_____ Itchy, Crawly and Prickly Skin _____ Hair Loss _____ Vaginal Dryness
_____ Decreased Sexual Desire _____ Increased Facial Hair _____ Painful Intercourse
_____ Drying Skin, Eyes and Mouth _____ Heart Palpitations _____ Weight Gain
_____ Increased Allergies _____ Exacerbation of Existing Conditions _____ Hot flashes
_____ Vaginal Atrophy _____ Insomnia _____ Incontinence

Other _____

COMMON MIDLIFE HEALTH CONDITIONS:

_____ High Blood Pressure _____ Uterine Fibroids _____ Osteoarthritis
_____ Ovarian Cysts _____ Endometriosis _____ Fibromyalgia
_____ Hypothyroidism _____ Adrenal Exhaustion _____ High Cholesterol

Other (Please explain) _____

Do you have any LONG TERM HEALTH CONCERNS?:

_____ Bone Loss _____ Osteoporosis _____ Heart Disease _____ Diabetes _____ Breast Health _____ Cancer

Other (Please explain) _____

Use the back page if necessary: Bring them with you to your next visit.

Please list any prescription medications you're currently using: _____

Please list any supplements or herbs you're currently using: _____

Additional Notes: _____

SPIRITUAL – Embracing Menopause With Reverence! Check topics you are/might interested in.

_____ Desire for Positive Change _____ Enhanced Self-Awareness _____ Reevaluation of Life and Priorities
_____ Increased Intuition and Inner Wisdom _____ Healing Wounds of the Past _____ Forgiveness of Self and Others
_____ Self-Love _____ Dedication to Authenticity _____ Personal Empowerment
_____ Living in Balance and Harmony _____ BE-ing in the Present Moment _____ Enhanced Relationships
_____ Unconditional Love _____ Deepening Connection to God, Spirit, The Universe
_____ Inner Peace _____ Trusting and Surrendering to Life's Cycles
_____ Personal Fulfillment _____ Desire to Fulfill Life Purpose (Self-Actualization)
_____ Birthing the Wise Woman or "Crone" _____ Embracing Menopause With Reverence

