



**The Oakley
Partnership**

private medical practice

Bio-Identical Hormone Replacement Therapy

Initial Consultation

Name:

Date of Birth:

Past Medical History:

Gynaecology History (incl children/pregnancy/surgery):

Age at Menopause (if appropriate):

Current Medication (incl over the counter, herbal, HRT):

Family Medical History (ie cardiovascular disease, diabetes):

Do you smoke?

Height:

Weight:

Please print off and send to us. Thank you.