

# HORMONE QUESTIONNAIRE



**The Oakley  
Partnership**

private medical practice

Date:     /     /

Please fill out the below questionnaire to find out if you have a hormonal imbalance and if you would benefit from taking bio-identical hormones.

Please tick the symptoms and conditions in the table below that apply to you:

## ***OESTROGEN***

- ☐ Hot Flashes
- ☐ Night Sweats
- ☐ Headaches
- ☐ Heart Palpitations
- ☐ Dry Skin
- ☐ Wrinkled Skin
- ☐ Vaginal Dryness
- ☐ Incontinence
- ☐ Poor Memory
- ☐ Low Energy
- ☐ Insomnia

## ***PROGESTERONE***

- ☐ Heavy and Painful Periods
- ☐ Breast Pain
- ☐ PMS
- ☐ Headaches
- ☐ Bloating
- ☐ Fluid Retention
- ☐ Insomnia
- ☐ Depression
- ☐ Anxiety
- ☐ Mood Swings
- ☐ Irritability

## ***TESTOSTERONE***

- ☐ Joint Pain
- ☐ Loss of Muscle
- ☐ Weight Gain
- ☐ Low Libido
- ☐ Low Self Esteem
- ☐ Low Energy