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BHRT Checklist for Women

Name: _____

DOB: _____

Email: _____

Date: _____

Symptom (Please Check Mark)	Never	Mild	Moderate	Severe
Fatigue				
Weight Gain				
Mood Changes/Irritability				
Tension				
Depressive Mood				
Breast Tenderness				
Bloating				
Hot Flashes				
Night Sweats				
Vaginal Dryness				
Memory Loss				
Mental Confusion				
Decreased Sex Drive/Libido				
Difficulty to Climax Sexually				
Joint pain				
Migraine/Severe Headaches				
Pre-Menstrual Migraines				
Swelling all over the body				
Sleep Problems				
Dry & Wrinkled Skin				
Hair Falling Out				
Cold All the Time				
Acne				
Facial Hair				

Family History	No	Yes
Heart Disease		
Diabetes		
Osteoporosis		
Alzheimer's Disease		
Breast Cancer		