

# WISE PHARMACY

6179 S. Balsam Way Suite 150  
Littleton, CO 80123  
303-933-8181 Fax: 303-979-7915

## PATIENT INFORMATION – BHRT

Date \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Sex \_\_\_\_\_ Birth date \_\_\_\_\_ Age \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_ Smoker (Y/N) \_\_\_\_\_ Drink Alcohol (Y/N) \_\_\_\_\_

Medication allergies \_\_\_\_\_

Other allergies (including food) \_\_\_\_\_

List any medications or supplements (prescription or not) that you are currently taking \_\_\_\_\_

Physicians name, address, and phone number \_\_\_\_\_

Disease state \_\_\_\_\_

Symptoms \_\_\_\_\_

Have any members of your family been diagnosed with osteoporosis, heart disease or cancer? (If so, list the relationship and the disease.) \_\_\_\_\_

Do you have regular mammograms? \_\_\_\_\_ Have you had a hysterectomy? \_\_\_\_\_

Ovaries removed? \_\_\_\_\_ Dates of your last menstrual cycle \_\_\_\_\_

Normal length of your cycle \_\_\_\_\_ Are your cycles regular or irregular? \_\_\_\_\_

Number of pregnancies \_\_\_\_\_ Number of births \_\_\_\_\_

Have you ever taken synthetic or natural hormones? \_\_\_\_\_

If so, list the medications and doses: \_\_\_\_\_

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Have you tried any alternative therapies, herbs or homeopathic products? \_\_\_\_\_

If so, please list what they were: \_\_\_\_\_

\_\_\_\_\_

How did you become interested in Bio-Identical Hormone Replacement Therapy?

\_\_\_\_\_

Why are you seeking our services as consultants in the area of BHRT? \_\_\_\_\_

\_\_\_\_\_

What do you hope to accomplish with this consult? \_\_\_\_\_

Symptoms of low progesterone may include the following: Circle the ones that you are experiencing

Anxiety

Inability to concentrate

Painful breasts

Cramps

Insomnia

PMS symptoms

Depression

Irritability

Swollen breasts

Food cravings

Low sex drive

Water retention

Fuzzy thinking

Moodiness

Weight gain

Headaches

Painful joints

Symptoms of low estrogen may include the following: Circle the symptoms you are experiencing.

Anxiety

Mood swings

Depression

Night sweats

Dry hair/hair loss

Painful intercourse

Dry skin

Short-term memory loss

Frequent urinary tract or yeast infections

Shortness of breath

Headaches

Sleep disorders

Heart palpitations

Vaginal dryness

Hot flashes