Hormone Therapy Form (Please Print)

Name:	Date:	

MENTAL, EMOTIONAL and PHYSICAL COMPLAINTS (check only if positive)

Growth Hormone					
	Yes		Yes		
Do you often feel unwell?		Do you get easily exhausted?			
Do you feel lack of inner peace?		Difficulty recovering when going late to bed?			
Do you feel chronically anxious?		Feeling of collapsing?			
Do you have a tendency to be depressed?		Feeling of rapidly aging?			
Do you feel a lack of self control?		Light sleep?			
Do you have outbursts of panic/anxiety?		Excessive need for sleep-9 hours or more?			
Do you have tendency to social isolation?					

Melatonin			
	Yes		Yes
Is your sleep superficial, agitated?		Feeling of agitation?	
Easily waking up during the night?		Restless leg syndrome at night?	

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	Yes		Yes
Difficulties to fall asleep and fall back asleep?		Tense muscles at night?	
Poor dreaming?			

Hypothyroidism				
	Yes		Yes	
Do you often feel slow?		Feel best in the evening and when physical mentally active?		
Easily distracted?		Tiredness when taking a rest?		
Poor concentration, poor attention?		Light sleep?		
Poor memory?		Do you have intolerance to cold and heat?		
Poor school performance?		Inability to sweat in a hot climate?		
Are you overweight or obese?		Easily shivers, need to wear extra clothes in seasons?		
Are you swollen all over?		Poor circulation (white fingers in winter)?		
Do you complain of morning fatigue?		Do you have dry hair?		
Lethargy, apathy?		Slow growing hair?		
Diffuse hair loss?		Feet and leg cramps at night?		
Do you suffer from diffuse headaches?		Carpal tunnel syndrome/low back pain?		

(continued) Hypothyroidism				
	Yes		Yes	
Migraine headaches?		Do you have tinnitus (ringing in ears)?		
Dry skin?		Brittle, slow growing nails?		
Do you suffer from bloated abdomen?		Dyspepsia/slow digestion/constipation?		

Pregnenolone				
	Yes		Yes	
Do you have poor color vision?		Dry skin? (poor sebum production)		
Fatigue?				

DHEA (Dehydroepiandrosterone) & Androstenedione				
Women	Yes	Men	Yes	
Low sexual desire?		Low sexual desire?		
Low sexual satisfaction?		Erectile dysfunction?		

Cor	tisol		
	Yes		Yes
Do you have poor resistance to stress, or difficulty functioning in stressful situations?		Do you feel intense hunger attacks?	
Excessive compassion for the pain of others?		Frequent nausea?	
Do you often feel irritable?		Lack of appetite?	
Frequent negativism?		Salty food cravings?	
Feeling of being a victim?		Arthritis?	
Are you an accusatory, quarrelsome person?		Do you have a predisposition to inflammatory diseases?	
Outbursts of anger, anxiety, panic?		Acute allergies: conjunctivitis, otitis, rhinitis, asthma, food allergies?	
Easy screaming or yelling?		Chronic inflammatory diseases: rheumatoid arthritis, lupus?	
Do you use sharp verbal retorts, strong words?		Intolerance to medications?	

Aldosterone					
	Yes		Yes		
When standing	g up or	sitting (from lying down):			
Do you feel drowsiness?		Difficulty focusing objects (vision) when standing?			
Are you easily distracted, absent-minded?		Salt and salty food cravings?			
Daydreaming?		Thirsty, drinking water/liquids all the time?			
Do you have difficulty focusing on tasks?		Polyuria (frequent urination)?			
Feel better when lying flat on a bed?					

For Women Estrogen				
	Yes		Yes	
Do you feel persistently fatigued?		Vaginal dryness?		
Persistent depression?		Vaginal itching?		
Hot flushes with excessive night sweats?		Recurrent cystitis (bladder infections)?		
Breast ptosis (droopy breasts)?		Urinary stress incontinence?		
Menstrual cycle irregularities, shorter/longer?		Prolapsed urinary bladder?		
Scanty or no periods?				

	Wom ciency	en y (or estrogen excess)	
	Yes		Yes
Do you feel muscle and nervous tension?		Premenstrual breast tension/tenderness?	
Irritable, aggressive?		Premenstrual abdominal bloating?	
Anxious, angry?		Excessive menstruation?	

	For Wom	<mark>en</mark>	
Te	estoster	one	
	Yes		Yes
Do you feel lack of mental firmness?		Permanent fatigue that increases with activity?	

(Continued) For Women Testosterone			
	Yes		Yes
Feel undecided, hesitating?		Do you feel tired easily/lack of energy?	
Loss of self-confidence?		Lack of interest in sports, lack of endurance?	
Lack of authority, submissiveness?		Reduced muscle strength, volume? Muscle pain?	
Do you have chronic depression?		Urinary incontinence?	
Excessive anxiety, fears?		Decreased/absent libido/sensitivity clitoris, nipples?	
Hypochondriac or often sick?			
Excessive emotions, sensitivity to difficulties?		Decreased/absent orgasm?	

For Men Testosterone				
	Yes		Yes	
Do you have lack of mental firmness?		Lack or endurance/interest in exercise?		
Indecisive, hesitating?		Decreased muscle mass/strength, muscle pain?		
Loss of self-confidence?		Prostate infections?		
Lack of authority, submissiveness?		Urination problems: flow problems, painful urination?		
Do you suffer from chronic depression?		Frequent night-time urination?		

(Continued) For Men Testosterone			
	Yes		Yes
Excessive anxiety, fears?		Decreased/absence of:	
Excessive emotions, unnecessary worry?		Sex drive?	
Do you suffer from hot flashes?		Erection volume, firmness, persistence or frequency?	
Sweating spells (head, upper chest)?		Ejaculation volume?	
Persistent fatigue that increases with physical activity?			

For Men Progesterone			
	Yes		Yes
Do you have lack of inner peace, anxiety?		Reduced urine flow?	
Do you have superficial nervous sleep?		Need for more time to urinate (dysuria)?	