



Weight Loss and Natural Hormone Balancing Clinic
Kathryn DeSantis, Family Nurse Practitioner
 Ph. (801) 272-1246

www.WeightLossAndHormoneBalancing.com



Female - Screening Form for Hormonal Imbalance

Rate the following symptoms on a scale of 0-10 (0-1 is mild, 5 is moderate, 10 is severe)

<u>Symptom</u>	<u>Severity</u>	<u>How often do they occur?</u>	<u>How long do they last?</u>
Hot flashes	_____	_____	_____
Night sweats	_____	_____	_____
Vaginal dryness	_____	_____	_____
Foggy Thinking	_____	_____	_____

<u>Symptom</u>	<u>Severity</u>	<u>Symptom</u>	<u>Severity</u>
Mood Swings	_____	Dry Skin	_____
Irritability	_____	Oily Skin	_____
Anxiety	_____	Acne	_____
Water Retention	_____	Thinning Skin	_____
Breast Tenderness	_____	Hair Loss	_____
Sugar Cravings	_____	Excessive body hair	_____
Heart Palpitations	_____	Facial hair	_____
Backaches w/periods	_____	Puffy Eyes	_____
Depression	_____		
Crying	_____		
Forgetfulness	_____		
Aches/pains, arthritis	_____		

<u>Symptom</u>	<u>Severity</u>	
Fatigue	_____	Time of day you feel most fatigued: _____
Cramps	_____	When do cramps occur, & for how long? _____
Low libido	_____	
Weight gain	_____	
- Over how long a time period?	_____	Primary location? _____ How many pounds? _____

<u>Symptom</u>	<u>Severity</u>	<u>Details</u>
Insomnia	_____	_____
Incontinence	_____	_____

*Headache occurrence (please check):	<u>Severity</u>	<u>How long do the headaches last?</u>
_____ occurs prior to menstruation	_____	_____
_____ occurs mid-cycle	_____	_____
_____ occurs during menstruation	_____	_____

Feel More Like Yourself Again!