

# SYMPTOM UPDATE (Women)



## CURRENT SYMPTOMS

Please circle those that apply and provide as much detail as possible in terms of timing, frequency, and severity.

Hot flashes - frequency, length, discomfort level \_\_\_\_\_

Night sweats - frequency, severity \_\_\_\_\_

Irregular periods \_\_\_\_\_

Change in periods - farther apart/closer, lighter, heavier \_\_\_\_\_

Fatigue, insomnia \_\_\_\_\_

Painful/aching joints or muscles \_\_\_\_\_

Vaginal itching/infections \_\_\_\_\_

Painful intercourse, lubrication problems \_\_\_\_\_

Changes in sexual desire \_\_\_\_\_

Bladder problems - infections, stress incontinence \_\_\_\_\_

Headaches or dizziness \_\_\_\_\_

Heart palpitations \_\_\_\_\_

Fluid retention/food cravings \_\_\_\_\_

Diarrhea/constipation \_\_\_\_\_

Cold hands and feet \_\_\_\_\_

Irritability/mood swings \_\_\_\_\_

Feeling vulnerable, fragile, weepy \_\_\_\_\_

Depression – keep a calendar noting time of day, month, and relationship to period, food, drink, etc.  
\_\_\_\_\_

Memory loss \_\_\_\_\_

Feelings of panic or suffocation \_\_\_\_\_

Breast tenderness or pain \_\_\_\_\_

*Other* \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### Current Medications

### Current Supplements

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name: \_\_\_\_\_ Date: \_\_\_\_\_