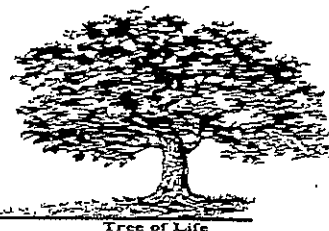


Southeast Kansas Healthcare



Hormone Replacement Therapy (HRT) Signs/Symptoms Checklist

PATIENT _____

DATE _____

CURRENT HRT _____

I have these sign/symptoms:

0 Never or Almost Never

1 Sometimes

2 Often

3 Always

___ Lack of mental sharpness

___ Poor sense of well being

___ Depression

___ Anxiety/Panic

___ Aggressiveness

___ Irritability

___ Poor sleep, early morning wakening

___ Dizziness

___ Migraines/Headaches

___ Hypertension/High blood pressure

___ Hyperlipidemia/High cholesterol

___ Decreased immunity

___ Fatigue

___ Lack of muscle strength/tone

___ Osteoporosis

___ Dry Skin

___ Rosacea

___ Acne

___ Hair loss

___ Weight gain

___ Swelling

___ Breast tenderness

___ Spotting/bleeding

___ Cramping

___ Hot flashes

___ Vaginal dryness

___ Decreased sex drive

___ Increased sex drive

Patient Comments:
