



Hormone Balance Inventory

Name: _____ DOB: _____

Date: _____

Current dose of all hormones and other medications: _____

	Symptom	0	5	10	15	20
		None	Slightly	Moderate	Severe	Extreme
Symptom Group 1						
	Difficulty concentrating and remembering?					
	Difficulties with sleep? (insomnia)					
	Depressed or Unhappy					
	Anxious					
	Headaches					
	Moodiness/ Emotional Swings					
	Painful / Swollen Breasts					
	Weight Gain/ Bloating					
	PMS					
Symptom Group 2						
	Night Sweats					
	Difficulty Remembering Things					
	Hot Flashes					
	Vaginal Dryness					
	Dry Hair / Skin					
	Incontinence					
	Frequent Urinary Tract Infections					
	Inability to Reach Orgasm					
	Painful Intercourse					
Symptom Group 3						
	Loss of Libido					
	Lack of desire to be Intimate					
	Loss of Motivation					
	Flat Mood					
	Diminished Well Being					

Keep in mind that **too much of a hormone** can often look the same as **too little of a hormone**.

Other concerns you may have: _____

Hormone Balance Inventory

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Date: _____

	Symptom	0	5	10	15	20
		None	Slightly	Moderate	Severe	Extreme
Symptom Group 4						
	Puffiness and bloating					
	Rapid weight gain					
	Mood swings					
	Anxious depression					
	Insomnia					
	Weepiness					
	Cervical dysplasia (abnormal pap smear)					
	Breast tenderness					
	Heavy bleeding					
	Migraine headaches					
	Foggy thinking					
	Gallbladder problems					
Symptom Group 5 Estrogen Dominance						
If your scoring is between 20 and 30 in the Excess Estrogen- Symptom Group 4 and Progesterone Deficiency- Symptom Group 1- sections above						
Symptom Group 6						
	Acne					
	Excessive hair on the face and arms					
	Thinning hair on the head					
	Ovarian cysts					
	Polycystic Ovary syndrome (PCOS)					
	Hypoglycemia and /or unstable blood sugar					
	Infertility					
	Mid-cycle pain					
Symptom Group 7						
	Debilitating fatigue					
	Unstable blood sugar					
	Low blood pressure					
	Intolerance to exercise					
	Waking up in the morning and not feeling refreshed					
	Feel physically exhausted, but your mind continues to race					
	Achy muscles and/or joints					
	Struggling to lose weight in spite of dieting and exercise					
	Waking in the middle of the night					

Note: You may email, fax, deliver, or mail this information to Good Day Pharmacy. Emailing does not protect the privacy of your health information.

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