The Medicine Shoppe Pharmacy
2431 N. Union Blvd.
Colorado Springs, CO 80909
Fax: 719-630-1640
Phone: 719-630-3154

FEMALE HORMONE EVALUATION

Today's Date:_____

Name:_____**Birthdate:**_____**Age:**_____

Address:_____
Street City State Zip

Phone: _____**Notify by Text:**_____**Yes**_____ **No**

Rx Insurance: Bin:_____ **PCN:**_____ **ID:**_____

Rx Group:_____**No Insurance:**_____

ProviderName:_____**Phone:**_____

Height:_____**Weight:**_____**Desired Weight:**_____

Allergies(Drug,Food):_____
_____

Are you aware of the risks associated with using Hormone Therapy such as heart attack, stroke, breast cancer and blood clots? _____Please discuss the risks of using Bio-Identical Hormone Therapy with your provider or pharmacist before beginning therapy.

Current Prescription Medications:

Medication Name and Strength	**How Often per day**

List Hormones Previously Taken:(ex. tablet, troche, patch, cream, injection, pellet, vaginal cream)

Name, Strength	How Often per Day	Side Effects or Reason for Stopping

Over The Counter Medications (Vitamins, Minerals, Supplements): _____

_____

_____

Do you use alcohol? ____Yes ____No If yes, how much and how often?_____

Do you smoke? ____Yes ____No If yes, how much and how often?_____

Medical History: Please check if YES

____Diabetes ____Cancer (Type)_____ ____Uterine Fibroids

____High Blood Pressure ____Liver Disease ____Endometriosis

____Stroke ____Abnormal Vaginal Bleeding ____Other_____

____Blood Clots ____Fibrocystic Breasts ____Other_____

____DVT ____Ovarian Cysts ____Other_____

____PE ____PCOS

Do you have a family history of cancer? Please list type of cancer and family member. _____

_____

Medical Procedures:

Hysterectomy _____Yes _____ No Date: _____

Ovaries Removed _____Yes _____No Date: _____

Tubal Ligation _____Yes _____No Date: _____

Uterine Ablation _____Yes _____No Date: _____

IUD:_____Yes _____No Date:_____

Mammogram _____yes _____No Date:_____ Outcome:_____

Pap Smear _____Yes _____No Date: _____ Outcome: _____

Bone Density _____Yes _____No Date: _____ Outcome: _____

Menstrual Cycle: _____None _____Regular _____Irregular

Are you pregnant?_____Yes _____No Do you need a form of birth control? _____Yes _____No

Date of last cycle? _____Explain any abnormal cycles? _____

_____

Please Check the Appropriate Box next to eachSymptom.

Symptom	None	Mild	Moderate	Severe
Hot Flashes				
Night Sweats				
Memory Loss				
Depression or Low Mood				
Foggy Thinking				
Dry Skin/Hair				
Hair Loss				
Vaginal Dryness				
Dyspareunia (Painful Intercourse)				
Headache				
Fluid Retention/Bloating				
Breast Tenderness				
Insomnia (Trouble Sleeping)				
Difficulty Falling Asleep				
Difficulty Staying Asleep				
Anxiety				
Irritability				
Mood Swings				
Weight Gain				
Decreased Libido (Sex Drive)				
Harder to Reach Orgasm				
Fatigue/Low Energy				
Muscle Weakness				
Acne				
Oily Skin				
Stress Level				

Please ListGoals for Taking Hormone Therapy: _____

_____

Dosage Forms Available: Please Check Preferred Form(s)

____Transdermal cream applied to the skin once a day.

____Sublingual troche dissolved under tongue once a day.

____Oral capsule-IR or SR capsule swallowed whole once a day.

____Vaginal cream inserted or applied vaginally 2-3 times per week.

____Vaginal suppository inserted vaginally 2-3 times per week.

Labs

Hormone labs are not required for a hormone consult. However, if hormone labs are available, they will be reviewed. Hormones tested may include: Estradiol, Estrone, Progesterone, Testosterone, DHEA-S, FSH, LH and SHBG.

Steps to Complete Consultation:

1. Fax this completed and signed form, and labs, if available, to The Medicine Shoppe Pharmacy at 719-630-1640.
2. A pharmacist specializing in Bio-Identical Hormone Therapy will call you to set up a consult over the phone or in person.
3. A 30-minute consult with a pharmacist costs $45.
4. After consulting with you, the pharmacist will send a recommendation to your provider if you would like.
5. Upon receiving a prescription from your provider, it will be compounded in our lab. This normally takes 2-3 business days.
6. You will be notified by text or phone when your prescription is ready.
7. Please contact us at 719-630-3154 with questions or if you have not heard from us 5-7 days after your hormone consult.

By signing this form, I acknowledge receiving a copy of Medicine Shoppe Pharmacy's Notice of Privacy Practice (HIPPA) form regarding the protection and handling of my personal health information, (PHI).

Signature:_____ **Date:**_____