

Hormone Diary *Name:* _____

Symptoms: <i>rate 1-10</i>	Before Treatment	/ /	/ /	/ /	/ /	/ /	/ /
Fatigue							
Insomnia							
Lack of Sexual Desire							
Poor Memory							
Weight Gain							
Depression							
Anxiety							
Swelling							
Muscle weakness							
Wrinkles, Skin sagging							
Migraine Headaches							

Hair Loss							
Dry skin							
Low Voice							
Facial Hair							
Nausea							
Enlarged Clitoris							