

# Initial Hormone Consultation Visit

Date of Visit \_\_\_\_\_

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_

I was referred by: \_\_\_\_\_ for: \_\_\_\_\_

My Problems: \_\_\_\_\_

Questions for Dr. Maupin: \_\_\_\_\_

I am:  Premenopausal  Perimenopausal  Menopausal

Birth Control currently: \_\_\_\_\_ (menopause is a choice)

Last Period: \_\_\_\_\_

Sexual history:  I am sexually active  I am interested in becoming sexually active  
 I am not interested in sexual activity

### Preventive tests I have had within last 12 months:

Pap smear  Mammogram  Bone Density  Heart Tests

### I have been told I have:

PMS  Thyroid disease  Diabetes  Insulin resistance

Hormone imbalance  Metabolic syndrome

Polycystic Ovaries  Adrenal disease  Depression

Anxiety  Other: \_\_\_\_\_

### Hormones I have tried in the past

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

### Problems w/ these hormones

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

### Hormones I am on now:

Other Current medications: \_\_\_\_\_

### Surgery I have had:

Hysterectomy  Removal of both ovaries  D&C

Breast surgery for cancer  Thyroid surgery

Goal for this visit: \_\_\_\_\_

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