Menopause Discussion Preparation Form

Name	
Date of Birth	
Date	

My most common symptoms lately are:

- ☐ Hot Flashes
- ☐ Night Sweats
- ☐ Changes in my period
- ☐ Anxiety/Depression
- ☐ Brain fog
- ☐ Sleep changes
- ☐ Joint pain
- ☐ Headaches
- ☐ Toilet Breaks more often
- ☐ Libido changes
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____

Current Medications or Supplements

_____

_____

_____

Medical History (Heart Disease, Osteoporosis, Cancer, Other (please specify)

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_____

Family History (Osteoporosis, Breast Cancer Heart Disease, Other (please specify)

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Lifestyle factors (smoke, exercise levels, current stress, alcohol intake, current diet)

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_____

My questions today/things I am curious/worried about....

_____

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_____

Goals for this appointment (understand symptoms more, explore treatment, discuss lifestyle changes....)

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