

FEMALE HEALTH HISTORY & SYMPTOMS

For CDSS Round 1

PATIENT INFORMATION

Name: _____ Date: _____
 Date of Birth: _____ Age: _____ Weight: _____ Height: _____

PATIENT QUESTIONS

Currently pregnant or trying to conceive? Yes No
 Had a recent mammogram (within last 12 months)? Yes No
 Have you had a hysterectomy? Yes No
 If so, type of hysterectomy: Complete (uterus and ovaries removed) Partial (uterus only removed)
 Had menstrual cycle (within last 12 months)? Yes No
 Had endometrial ablation? Yes No
 Are you on birth control? Yes No Name of birth control: _____
 Are you currently utilizing BHRT or HRT? Yes No
 If yes, select types of hormones: Testosterone Progesterone Estrogen Thyroid
 List name and dose of hormone(s): _____
 Are you currently on statins? Yes No
 Are you a smoker? Yes No
 Are you currently on oral nitrates? Yes No

MEDICAL HISTORY

Select all that apply:

Cardiovascular Conditions:

Heart Attack or Stroke (within last 6 months)
 Tachycardia
 DVT or Blood Clot (within last 6 months)
 Hypertension
 Hyperlipidemia
 Obstructive Sleep Apnea
 Atrial Fibrillation

Gynecological Conditions:

Pre-Menstrual Syndrome
 Endometriosis or History of Endometriosis
 Fibrocystic Breast Disease
 Fibroids or History of Fibroids
 Polyps or History of Endometrial Polyps

Cancer:

Breast Cancer or History of Breast Cancer
 Endometrial Cancer
 Cervical Cancer
 Ovarian Cancer
 Thyroid Cancer or History of Thyroid Cancer
 Except for Basal Cell Carcinoma, Any Other Cancers?

Neurological Conditions:

Epilepsy or Seizure Disorder
 Depression/Anxiety
 Psychiatric Conditions
 Migraine with Aura
 Meningioma

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MEDICAL HISTORY

Endocrine and Metabolic:

- PCOS
- Diabetes Type 2 or Insulin Resistance
- Hyperthyroid
- Hypothyroid
- Multiple Endocrine Neoplasia Type-2

Autoimmune Conditions:

- Diabetes Type 1
- Hashimoto's Thyroiditis
- Graves' Disease
- Rheumatoid Arthritis
- Multiple Sclerosis
- Systemic Lupus (Erythematosus)
- Psoriasis
- IBS (Irritable Bowel Syndrome)
- Crohn's Disease
- Ulcerative Colitis

Organ Specific Conditions:

- Liver Disease or History of Liver Disease
- Kidney Disease or History of Kidney Disease
- LAM (Lymphangioleiomyomatosis)
- Osteoporosis or Osteopenia
- HIV
- Hepatitis
- Hemochromatosis
- Pancreatitis or History of Pancreatitis
- History of or Gall Bladder Disease
- Polycythemia Vera (PV)

SYMPTOMS AND CONCERNS

Select all that apply:

Hot Flashes	Cold Hands or Feet
Night Sweats	Brittle Nails
Vaginal Dryness	Dry or Flaking Skin
Decreased Interest in Sex	Lack of Energy (Fatigue)
Inability To or Delayed Orgasm	Decreased Muscle Mass
Painful Intercourse	Acne
Urinary Incontinence	Facial Hair
Frequent Urinary Tract Infection	Dry Eyes
Breast Tenderness	Joint Pain
Weight Gain	Difficulty Sleeping
Hair Loss	Mind Racing at Bedtime
Hair Thinning	Eating When Stressed
Thinning Eyebrows	