FEMALE HEALTH HISTORY & SYMPTOMS
For CDSS Round 2

ashley WELLNESS COLLECTIVE

PATIENT INFORMATION

Name: _____ Date: _____

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

PATIENT QUESTIONS

Have you been diagnosed with any cancer since initial pelleting (excluding basal cell carcinoma)? ☐ Yes ☐ No

Blood clot, DVT, heart attack or stroke since being pelleted? ☐ Yes ☐ No

Currently pregnant or trying to conceive? ☐ Yes ☐ No

Had a recent mammogram (within last 12 months)? ☐ Yes ☐ No

Have you had a hysterectomy since last insertion? ☐ 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

Have you had any spotting or bleeding since last pellet? ☐ Yes ☐ No

Are you on birth control? ☐ Yes ☐ No

Name of birth control: _____

Select types of hormones you are currently on: ☐ Testosterone ☐ Estrogen ☐ Progesterone ☐ Thyroid

Are you currently on statins? ☐ Yes ☐ No

Are you a smoker? ☐ Yes ☐ No

MEDICAL HISTORY SINCE BEING PELLETED

Select all that apply:

Cardiovascular Conditions:

- ☐ Tachycardia
- ☐ Hypertension
- ☐ Hyperlipidemia
- ☐ Obstructive Sleep Apnea
- ☐ Atrial Fibrillation

Neurological Conditions:

- ☐ Epilepsy or Seizure Disorder
- ☐ Depression/Anxiety
- ☐ Psychological Conditions
- ☐ Migraine with Aura
- ☐ Meningioma (since last pellet)

Gynecological Conditions:

- ☐ Pre-Menstrual Syndrome
- ☐ Endometriosis
- ☐ Fibrocystic Breast Disease
- ☐ Fibroids (since last pellet)
- ☐ Polyps (since last pellet)

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MEDICAL HISTORY

Endocrine and Metabolic:

- ☐ PCOS
- ☐ Diabetes Type 2 or Insulin Resistance
- ☐ Hyperthyroid
- ☐ Hypothyroid

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

SYMPTOMS AND CONCERNS

Select all that apply:

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