

Hormone/ Implant Symptoms Questionnaire

SYMPTOMS	N/A	MILD	MODERATE	SEVERE
Acne/ Oily Skin				
Anxiety				
Body/ Joint Pain				
Breast Tenderness				
Decreased Exercise Tolerance				
Depression				
Dry Skin				
Erectile Dysfunction				
Fatigue				
Hair Loss				
Hot Flashes				
Increased Facial/Body Hair				
Irritability				
Loss of Muscle Tone				
Low Sex Drive				
Memory Lapses				
Mood Swings				
Night Sweats				
Painful Intercourse/ Vaginal Dryness				
Palpitations				
Poor Focus				
Restless Legg Syndrome				
Sleep Disturbance/ Insomnia				
Vaginal Bleeding				
Weight Gain/ Water Retention				

Name: _____ DOB: _____ Date: _____

Are you cycling: YES NO Date of last Menstrual cycle: _____

Have you had a hysterectomy: YES NO Are you taking birth control YES NO

Do you currently take thyroid medication: YES NO Please list name and dosage:

Do you currently take hormone medication: YES NO please list name and dosage: _____

If you have anything else you would like to add please do so below: _____

INFORMED CONSENT FOR HORMONE REPLACEMENT THERAPY

Because of the rapidly changing understanding about the safety and effectiveness of hormone therapy for anything other than birth control, we feel it is important to be sure that you have information about the risks and benefits of hormone therapy before you take the therapy we have discussed.

Hormone replacement therapy (HRT) is often prescribed to women during peri-menopause (the time before and after your last period when symptoms occur) and menopause (the time of your last period onward) for symptoms of hot flashes, vaginal dryness, loss of libido, depression, anxiety, irritability or PMS like symptoms, bone loss osteoporosis or its prevention, and cardiovascular disease. HRT is only approved by the FDA for use treating hot flashes and osteoporosis. Using it for other symptoms or problems is considered "off-label" use and the burden is on the practitioner to be sure that there is adequate science to support the use in a given situation.

At Beaver Medical Group we do everything we can to decrease the risks of hormone replacement. Our goal is to return your hormones to normal levels for your age using hormones that are identical to the ones your body make (called bio-identical hormones). Your provider may also prescribe synthetic hormones or drugs that mimic these hormones in certain situations as needed.

Since the Women's Health Initiative study came out, it has been thought that the combination of estrogen and progestins increase the risk of breast cancer more than the risk of estrogen alone. Orally administered combination hormones also increase the risk of blood clotting and therefore heart attack and strokes. While bio-identical hormones may decrease these risks, the relationship of HRT and breast cancer is complex and controversial. Hormone replacement decreases the risk of osteoporosis and may decrease the risk of colon cancer. In the low doses usually needed to bring your hormone levels back to normal, many of the risks may be diminished or disappear.

The current medical thinking is always changing so it is important to discuss HRT with your provider each year at your annual exam to find out what the latest thinking is. Be aware that as the scientific evidence increases our recommendations may change.

We will want to check your hormone levels before putting you on hormones and will recommend appropriate times to re-check your levels after starting therapy. It is important to do these tests properly and to take your hormone consistently. We will require an annual exam and regular mammograms as this allows us to be sure hormones are still the safest options for you.

Please read the following and sign:

I have discussed the reasons for taking female sex hormones with my provider and understand why she is prescribing them, and the risks associated with taking hormones, including but not limited to the possibility of an increased risk of breast or endometrial cancer, blood clotting, stroke or heart attack.

I understand that my provider will do everything she knows to do to decrease and minimize the risks of HRT but that there are no guarantees that these measures will be effective preventing the negative side effects mentioned above or other side effects that we do not yet know about.

I accept the risks and unknowns of taking hormone therapy and wish to have my provider prescribe them for me.

Patient Name _____ Patient Signature _____ Date _____