



Female Patient Questionnaire & History

Name: _____ Today's Date: _____
(Last) (First) (Middle)

Date of Birth: _____ Age: _____ Occupation: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ Work: _____

E-Mail Address: _____ May we contact you via E-Mail? () YES () NO

In Case of Emergency Contact: _____ Relationship: _____

Home Phone: _____ Cell Phone: _____ Work: _____

Primary Care Physician's Name: _____ Phone: _____

Address: _____
Address City State Zip

Marital Status (check one): () Married () Divorced () Widow () Living with Partner () Single

In the event we cannot contact you by the means you've provided above, we would like to know if we have permission to speak to your spouse or significant other about your treatment. By giving the information below you are giving us permission to speak with your spouse or significant other about your treatment.

Spouse's Name: _____ Relationship: _____

Home Phone: _____ Cell Phone: _____ Work: _____

Social:

- () I am sexually active.
- () I want to be sexually active.
- () I have completed my family.
- () My sex has suffered.
- () I haven't been able to have an orgasm.

Habits:

- () I smoke cigarettes or cigars _____ per day.
- () I drink alcoholic beverages _____ per week.
- () I drink more than 10 alcoholic beverages a week.
- () I use caffeine _____ a day.



Medical History

Any known drug allergies: _____

Have you ever had any issues with anesthesia? () Yes () No

If yes please explain: _____

Medications Currently Taking: _____

Current Hormone Replacement Therapy: _____

Past Hormone Replacement Therapy: _____

Nutritional/Vitamin Supplements: _____

Surgeries, list all and when: _____

Last menstrual period (estimate year if unknown): _____

Other Pertinent Information: _____

Preventative Medical Care:

- () Medical/GYN Exam in the last year.
- () Mammogram in the last 12 months.
- () Bone Density in the last 12 months.
- () Pelvic ultrasound in the last 12 months.

High Risk Past Medical/Surgical History:

- () Breast Cancer.
- () Uterine Cancer.
- () Ovarian Cancer.
- () Hysterectomy with removal of ovaries.
- () Hysterectomy only.
- () Oophorectomy Removal of Ovaries.

Birth Control Method:

- () Menopause.
- () Hysterectomy.
- () Tubal Ligation.
- () Birth Control Pills.
- () Vasectomy.
- () Other: _____

Medical Illnesses:

- () High blood pressure.
- () Heart bypass.
- () High cholesterol.
- () Hypertension.
- () Heart Disease.
- () Stroke and/or heart attack.
- () Blood clot and/or a pulmonary emboli.
- () Arrhythmia.
- () Any form of Hepatitis or HIV.
- () Lupus or other auto immune disease.
- () Fibromyalgia.
- () Trouble passing urine or take Flomax or Avodart.
- () Chronic liver disease (hepatitis, fatty liver, cirrhosis).
- () Diabetes.
- () Thyroid disease.
- () Arthritis.
- () Depression/anxiety.
- () Psychiatric Disorder.
- () Cancer (type): _____

Year: _____



BHRT Checklist

Name: _____

Date: _____

E-Mail: _____

Symptom (please check mark)

Never

Mild

Moderate

Severe

Depressive mood

Memory Loss

Mental confusion

Decreased sex drive/libido

Sleep problems

Mood changes/Irritability

Tension

Migraine/severe headaches

Difficult to climax sexually

Bloating

Weight gain

Breast tenderness

Vaginal dryness

Hot flashes

Night sweats

Dry and Wrinkled Skin

Hair is Falling Out

Cold all the time

Swelling all over the body

Joint pain

Other symptoms that concern you:



Hormone Replacement Fee Acknowledgment

Although more insurance companies are reimbursing patients for the Medical Hormone Replacement Therapy, there is no guarantee. You will be responsible for payment in full at the time of your procedure.

We will give you paperwork to send to your insurance company to file for reimbursement upon request.

New Patient Consult Fee	\$100
Female Hormone Pellet Insertion Fee	\$270
Male Hormone Pellet Insertion Fee	\$600

We accept the following forms of payment:

Master Card, Visa, Discover, American Express, Personal Checks and Cash.

Print Name

Signature

Today's Date