



## NATURAL HORMONE THERAPY QUESTIONNAIRE

1. Are you taking natural hormone therapies now? Yes No  
If so, which products and for how many years? \_\_\_\_\_
2. Did you have any bothersome effects from your therapy? Yes No  
If so, what were they? \_\_\_\_\_
3. Have you ever uses oral contraceptives? Yes No  
If "yes", any problems? \_\_\_\_\_
4. Have you had a hysterectomy? Yes No  
If yes, when? \_\_\_\_\_  
Did they remove the ovaries? Yes No
5. Have you had a tubal ligation? Yes No
6. Do you have irregular bleeding? Yes No  
If so, please describe. \_\_\_\_\_
7. Do you have a family history of:  
Uterine Cancer                      Ovarian Cancer                      Stroke  
Heart Attack                          Osteoporosis                          Blood Clots  
Liver Problems                      Thyroid Disease                      Diabetes  
High cholesterol                      High Blood Pressure
8. Has your mother, aunts on your mother's side, or sisters had Breast Cancer? Yes No  
Please specify who and at what age they were diagnosed.  
\_\_\_\_\_
9. When was the date of your most recent:  
Mammogram \_\_\_\_\_ Pap Smear \_\_\_\_\_ Dexa Scan \_\_\_\_\_
10. What was your most recent lab values:  
Total cholesterol \_\_\_\_\_ Triglycerides \_\_\_\_\_ HDL \_\_\_\_\_  
LDL \_\_\_\_\_ TSH \_\_\_\_\_