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BHRT Symptom Update

Date _____

Name _____ Date of Birth _____

Address _____

Home Phone (____) _____ Cell Phone (____) _____

Have there been any changes in any of your medications in the past year? If so, please list:

Have there been any changes to your monthly period? _____

Please check all symptoms below that apply (this is very important to the evaluation process)

Symptoms of low Progesterone?

- Swollen Breasts
- Anxiety/Irritability
- Irregular menses
- Infertility
- Weight Gain
- Mood Swings
- PMS
- Joint Pain
- Food Cravings
- Headaches
- _____ per week
- Cramping
- Acne
- Low Sex Drive
- Depression
- Fuzzy Thinking
- Low Energy

Symptoms of low Estrogen?

- Hot Flashes
- Dry Skin
- Foggy Thinking
- Painful Intercourse
- Night Sweats
- _____ per week
- Yeast Infections
- Bone Loss
- Insomnia
- _____ per week
- Heart Palpitations
- Low Sex Drive
- Vaginal Dryness/Atrophy
- Memory Lapses
- Depression
- Headaches
- _____ per week

Symptoms of low Testosterone?

- Depression
- Joint Pain
- Heart Palpitations
- Fibromyalgia
- Urinary Incontinence
- Low Sex Drive
- Memory Lapses
- Vaginal Dryness
- Low Energy
- Bone Loss
- Muscle Weakness
- Thinning Skin/Scalp Hair Loss

Have any symptoms become more frequent/bothersome in the past few months? _____

