

BIOTE FEMALE HEALTH HISTORY & SYMPTOMS

PATIENT INFORMATION

Name: _____ Date: _____

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

PATIENT QUESTIONS

Currently pregnant or trying to conceive? Yes No

Date of last mammogram: _____

Had menstrual cycle (within last 12 months)? Yes No

Date of last menstrual cycle: _____

Had endometrial ablation? Yes No

Is the patient on birth control? Yes No Name of birth control: _____

Has the patient had a hysterectomy? Yes No

If so, type of hysterectomy: Complete (uterus and ovaries removed) Partial (uterus only removed)

Is the patient currently utilizing BHRT or HRT? Yes No

If yes, select types of Hormones: Testosterone Progesterone Estrogen Thyroid

List Name and Dose of Hormone(s): _____

Is the patient currently on statins? Yes No

Is the patient a smoker? Yes No

Is the patient currently on oral nitrates? Yes No

MEDICAL HISTORY

Select all that apply:

Cardiovascular Conditions:

- Heart Attack or Stroke (within last 6 months)
- DVT or Blood Clot (within last 6 months)
- Hypertension
- Hyperlipidemia
- Obstructive Sleep Apnea
- Atrial Fibrillation
- Tachycardia

Gynecological Conditions:

- Pre-Menstrual Syndrome
- Endometriosis or History of Endometriosis
- Fibrocystic Breast Disease
- Fibroids or History of Fibroids
- Polyps or History of Endometrial Polyps

Cancer:

- Breast Cancer or History of Breast Cancer
- Endometrial Cancer
- Cervical Cancer
- Ovarian Cancer
- Thyroid Cancer or History of Thyroid Cancer
- Meningioma
- Except for Basal Cell Carcinoma any Other Cancers?

Neurological Conditions:

- Epilepsy or Seizure Disorder
- Depression/Anxiety

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MEDICAL HISTORY

Endocrine and Metabolic:

- PCOS
- Diabetes Type 2 or Insulin Resistance
- Hyperthyroid
- Hypothyroid
- Multiple Endocrine Neoplasia Type-2

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 or History of Liver Disease
- Kidney Disease or History of Kidney Disease
- LAM (Lymphangioleiomyomatosis)
- Osteoporosis or Osteopenia
- HIV
- Hepatitis
- Hemochromatosis
- Pancreatitis or History of Pancreatitis
- History of or Gall Bladder Disease

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