

# COREPSYCH

Comprehensive Evidence – Persistent Review

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## Female Hormone Questionnaire

Date: \_\_\_\_\_

### PATIENT IDENTIFICATION

Name: \_\_\_\_\_ Age: \_\_\_\_\_

First Day Last Menstrual Period FDLMP \_\_\_\_\_ [if active]

Number of Pregnancies: \_\_\_\_\_ Current Hormone Meds \_\_\_\_\_

Birth Control Practice \_\_\_\_\_

Number of Births: \_\_\_\_\_ Number of Miscarriages: \_\_\_\_\_

GYN Procedures, Surgery: \_\_\_\_\_

1. Age Period Started \_\_\_\_\_ Age Period Ended \_\_\_\_\_
2. Periods at Onset: Regular \_\_\_\_\_ Irregular \_\_\_\_\_  
Other \_\_\_\_\_
3. Periods Now: Regular \_\_\_\_\_ Irregular \_\_\_\_\_  
Other \_\_\_\_\_
4. Duration of Period: \_\_\_\_\_ Days
5. Times of No Period: \_\_\_\_\_
6. History of Failure to Conceive: Yes \_\_\_\_\_ No \_\_\_\_\_
7. Cramps Intensity: Average \_\_\_\_\_ Moderate \_\_\_\_\_ Severe \_\_\_\_\_
8. Blood Flow: Average \_\_\_\_\_ Moderate \_\_\_\_\_ Severe \_\_\_\_\_
9. Start Birth Control \_\_\_\_\_ Why \_\_\_\_\_
10. Breasts Tender During Period: Yes \_\_\_\_\_ No \_\_\_\_\_ Breast Pain Ever? \_\_\_\_\_
11. Feel the Egg "Come Down" Mid Period: Yes \_\_\_\_\_ No \_\_\_\_\_
12. PMS: Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, how many days average? \_\_\_\_\_
13. Pre Menstrual Depression PMDD: Yes \_\_\_\_\_ No \_\_\_\_\_
14. Post Partum Depression: Yes \_\_\_\_\_ No \_\_\_\_\_ Number \_\_\_\_\_ Treated with  
Meds: \_\_\_\_\_
15. Fibrocystic Breast Disease: Yes \_\_\_\_\_ No \_\_\_\_\_
16. Fibroids: Yes \_\_\_\_\_ No \_\_\_\_\_
17. Cancer: Breast \_\_\_\_\_ Ovarian \_\_\_\_\_ Uterine \_\_\_\_\_ Cervical \_\_\_\_\_ Dates \_\_\_\_\_
18. Acne Adolescent or Adult: Face \_\_\_\_\_ Chest \_\_\_\_\_ Back \_\_\_\_\_ Other \_\_\_\_\_
19. Excess Hair \_\_\_\_\_ Face \_\_\_\_\_ Back \_\_\_\_\_ Chest \_\_\_\_\_ Other \_\_\_\_\_
20. Polycystic Ovaries: Yes \_\_\_\_\_ No \_\_\_\_\_
21. Other Hormonal Conditions: Thyroid Problems \_\_\_\_\_ Adrenal Problems \_\_\_\_\_  
Diabetes \_\_\_\_\_ Last Checked for Thyroid \_\_\_\_\_ Last Checked Glucose \_\_\_\_\_
22. Hot Flashes: \_\_\_\_\_ Sweats \_\_\_\_\_ Weight Gain \_\_\_\_\_ Sleep Issues \_\_\_\_\_
23. "Female Problems/STD:" \_\_\_\_\_