

# BIOTE FEMALE HEALTH HISTORY & SYMPTOMS



## PATIENT INFORMATION

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Weight: \_\_\_\_\_

## 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  
Select types of hormones:  Testosterone  Progesterone  Estrogen  Thyroid  
Is the patient currently on statins?  Yes  No  
Is the patient a smoker?  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

#### 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
- Any Other Cancer Excluding Basal Cell Carcinoma

#### Neurological Conditions:

- Epilepsy or Seizure Disorder
- Depression/Anxiety

#### Endocrine and Metabolic:

- PCOS
- Diabetes Type 2 or Insulin Resistance
- Hyperthyroid
- Hypothyroid

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## MEDICAL HISTORY

### 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

## 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