Hormone Restoration.com
Henry Lindner, MD

Medical History

Name____ Date of birth__________Height_____Weight_____

Address ____

Tel._____________________Mobile____________________ e-mail________________________________

Medical conditions____

Current or past hormone therapy____

Medications____

Supplements____

Allergies____

Surgeries/childbirths____

History of breast or prostate cancer?______________Last GYN or prostate exam___________________

What you want most from this treatment____

Check all that apply:

- ❑ Fatigue
- ❑ Aches and pains
- ❑ Cold hands and feet
- ❑ Decreased sweating
- ❑ Need excessive sleep
- ❑ Weight gain
- ❑ Depression
- ❑ Losing scalp hair
- ❑ Dry skin
- ❑ Mental slowness
- ❑ Constipation
- ❑ Diarrhea or irritable bowel syndrome
- ❑ Frequent nausea
- ❑ Heart palpitations or rapid rate
- ❑ Nervousness, anxiety, or panic attacks
- ❑ Weight loss, can't gain weight
- ❑ Excessive sweating
- ❑ Difficulty falling asleep
- ❑ Difficulty staying asleep
- ❑ Hypoglycemia, must eat frequently
- ❑ Frequent colds and other infections
- ❑ Low blood pressure, lightheadedness
- ❑ Low tolerance for stress, slow recovery
- ❑ Salt cravings
- ❑ Sugar cravings

Females only

Date of last period_______________

- ❑ Heavy blood flow
- ❑ Irregular periods
- ❑ Breast swelling, tenderness, or cysts
- ❑ PMS
- ❑ Swelling of face, fingers, or ankles
- ❑ Infertility
- ❑ Hot flashes or night sweats
- ❑ Moodiness, cries easily
- ❑ Painful intercourse
- ❑ Vaginal dryness, pain, or itching
- ❑ Dry or irritated eyes
- ❑ Disinterest in sex
- ❑ Osteoporosis
- ❑ Facial hair growth

Males only

- ❑ Apathy, low motivation
- ❑ Decreased physical stamina
- ❑ Loss of muscle mass or strength
- ❑ Joint stiffness
- ❑ Moodiness, irritability
- ❑ Decrease in libido
- ❑ Few or no spontaneous AM erections
- ❑ Prostate enlargement
- ❑ Increased fat around waist and hips

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