



BHRT Checklist

Patient Name: _____

Date: _____

E-Mail: _____

Symptom (please check)	Never	Mild	Moderate	Severe
Depressive Mood				
Memory Loss				
Mental Confusion				
Decreased sex drive/libido				
Sleep problems				
Mood changes/Irritability				
Tension				
Migraine/severe headaches				
Difficulty to climax sexually				
Bloating				
Weight gain				
Breast tenderness				
Vaginal dryness				
Hot flashes				
Night sweats				
Dry and Wrinkled skin				
Hair is falling out				
Cold all the time				
Swelling all over the body				
Joint pain				

Other symptoms that concern you:
