



Natural Hormone Replacement Confidential Evaluation

From a clinical point of view, it is very useful to gain a detailed history of possible hormone deficiencies. The answers provided in the questions below will allow the pharmacist to maintain your medical history and will help in advising about current medical therapies. All information provided will be kept confidential.

General Information:

Name _____ Date _____
Age _____ DOB _____

Street Address _____ Apt _____

City _____ State _____ Zip _____

Phone _____ Cell _____ Evening _____

Living Situation: Spouse _____ Alone _____ Partner _____ Parents _____ Children _____ Other _____

Status: Married _____ Single _____ Divorced _____ Widowed _____

Medical Status:

Primary Health Care/Practitioner: _____ Phone: _____

Address: _____ Fax: _____

General Health: Excellent _____ Good _____ Fair _____ Poor _____ Height _____ Weight _____

Allergies _____

Current diagnosis or Medical Conditions: _____

Current Medications: _____

Current Vitamins or OTC: _____

Herbs: _____

Are You Currently on Natural Progesterone Cream? Yes _____ No _____

Bone Density: Yes _____ No _____ Osteopenia? Osteoporosis ?

Date of Last Mammogram: _____ Results: _____

Have Had Your Thyroid Tested? Yes _____ No _____ Results: _____

Please Fill Out This Form and Fax to 505-864-6535