



## Hormone Balance Checklist for Women

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

DOB: \_\_\_\_\_

### Medical History

- Are you allergic to Iodine?
- Are you still having periods?
- Do you have a history of Breast Cancer
- Have you had a Hysterectomy
- Do you have Fibrocystic Breast Disease
- Do you have Polycystic Ovarian Syndrome
- Do you have Hashimoto's Thyroiditis
- Are you currently experiencing Acne
- Do you have Breast Tenderness
- Do you have unwanted Facial Hair
- Do you get Pre-menstrual Migraines
- Do you take Hormone Replacement Therapy ie Estrogen, Progesterone or Testosterone?

NO	YES

If Yes: What Type and Strength:

\_\_\_\_\_

Do you take Thyroid Medication:

If Yes: What Type and Strength:

\_\_\_\_\_

NO	YES
_____	_____