Fusion Wellness

Female Hormone Self Assessment

Date_____

Name:_____ DOB:_____

To what degree do you experience the following issues / problems?

On a scale of 0 to 10 with 0 = No issue, 1-4 = Mild, 5-7 = Moderate, 8-10 = Effect my day life/Major Issue for me. Fill out baseline numbers only for initial appointment. Expect 0-2 after treatment.

Issues	Score	Comments	Changes after Treatment
Fatigue or Loss of Energy			
Depression			
Anxiety			
Difficulty concentrating			
Lack of Motivation			
Loss of Memory			
Irritability/Anger			
Pain			
Brain Fog			
Weight gain/ Bloating			
Sleep Disturbances			
Dry Skin			
Dry or thinning hair			
Muscle Loss			
Bone Density			
Hot Flashes			
Night Sweats			
Lack of Sexual Desire			
Painful intercourse			
Vaginal Dryness			
Decreased Orgasmic Strength			
Inability to reach clitoral orgasm			
Inability to reach G-spot orgasm			
Darkening Genitalia			
Urine Leakage, when?			
Increased Urinary Urge			
Frequent Bladder Infections			
Other			