

hlzlhgxljgx

Year of Birth: 2000

Ethnic Origin: Caribbean

Smoking: Yes

Height: 4'2" (127 cm)

Weight: 32

Drinking: Occasionally

Exercise: I excercise more than before Occasionally

Checklist completed: 30th October 2023

Remember to mention:

• Pre-existing health conditions you have

• Prescriptions you currently take



MY SYMPTOMS

Vasomotor:

- Hot flashes 0-10 times a day
- o Night sweats 11-20 times a day
- o Cold flashes More Then 20 times a day

Psychological:

- Mood Swings
- o Loss of focus
- o Loss of memory
- Anxiety

Physical:

- Vaginal atrophy
- o Painful sex
- o Low libido
- Palpitations
- Skin changes
- o Joint pain
- Burning sensation
- Fatigue

MY CYCLES

- Last period February-2023
- Yes Cycle lengths have changed
- Yes Heavier Bleeding

MY MANAGEMENT

• Have had received a menopause diagnosis

HRT Routine:

- Yes
- Tablets,Skin Patches,Oestrogen gel,Implants,Vaginal Oestrogen,Testosterone gel,Progesterone
- Cyclic HRT
- o 3-Monthly HRT