



Year of Birth:

Ethnic Origin:

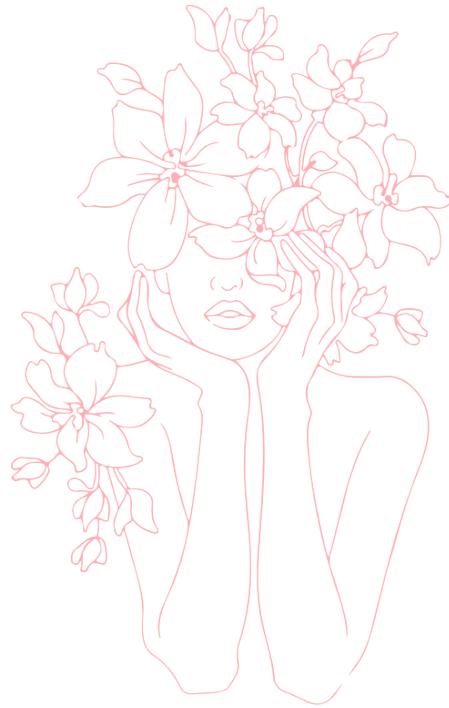
Smoking :

Height :

Weight:

Drinking:

Exercise:



Checklist completed: 25th September 2023

Remember to mention:

- Pre-existing health conditions you have
- Prescriptions you currently take

MY SYMPTOMS

Vasomotor:

- Hot flashes -
- Night sweats -
- Cold flashes -

Psychological:

-

Physical:

-

MY CYCLES

- Last period - January 1970

MY MANAGEMENT

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