

## test

Year of birth: 1925

Weight: 30

Smoking : Yes

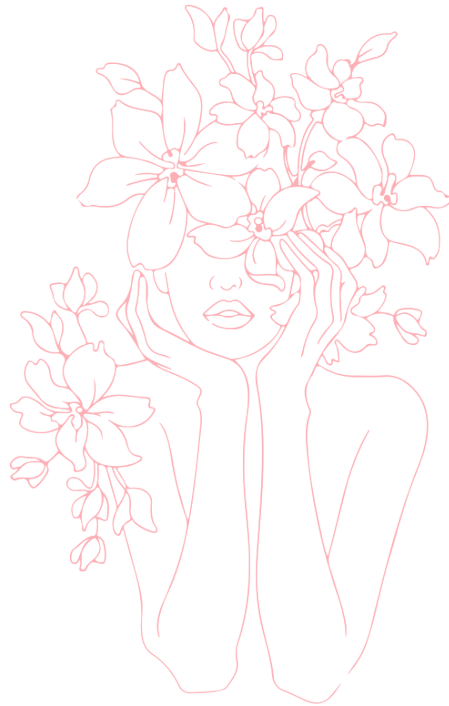
Height : 4'0" ( 121 cm )

Weight: 30

Checklist completed: 9<sup>th</sup> August 2023

### Remember to mention:

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



## MY SYMPTOMS

### Vasomotor:

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

### Psychological:

- Vaginal atrophy

### Physical:

- Palpitations

## MY CYCLES

- Last period - January 1970
- Yes Cycle lengths have changed
- Yes Heavier Bleeding

## MY MANAGEMENT

- Have had received a menopause diagnosis

### HRT Routine:

- yes
- Other
- Cyclic HRT
- Monthly HRT