

# test43

Year of Birth: 2003

Ethnic Origin: Indian

Smoking: Yes

Height: 4'7" (140 cm)

Weight: 38

Drinking: Not applicable

Exercise: I excercise less than before Occasionally

Checklist completed: 26<sup>th</sup> August 2023

#### **Remember to mention:**

• Pre-existing health conditions you have

• Prescriptions you currently take



# **MY SYMPTOMS**

#### Vasomotor:

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

### **Psychological:**

- Loss of memory
- Anxiety

## **Physical:**

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

# **MY CYCLES**

• Last period - March 2019

## **MY MANAGEMENT**

• Have had received a menopause diagnosis

#### **HRT Routine:**

- Yes
- ° Implants,Oestrogen gel,Skin Patches,Testosterone gel,Vaginal Oestrogen
- Continuous Combined HRT
- Monthly HRT