



Year of Birth:

Ethnic Origin:

Smoking :

Height :

Weight:

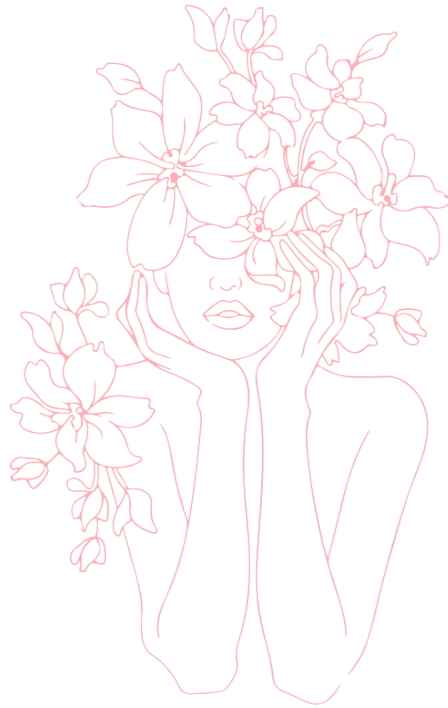
Drinking:

Exercise:

Checklist completed: 21st 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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