



hello

Year of Birth: 2004

Ethnic Origin: African

Smoking : Yes

Height : 4'0" (122 cm)

Weight: 30

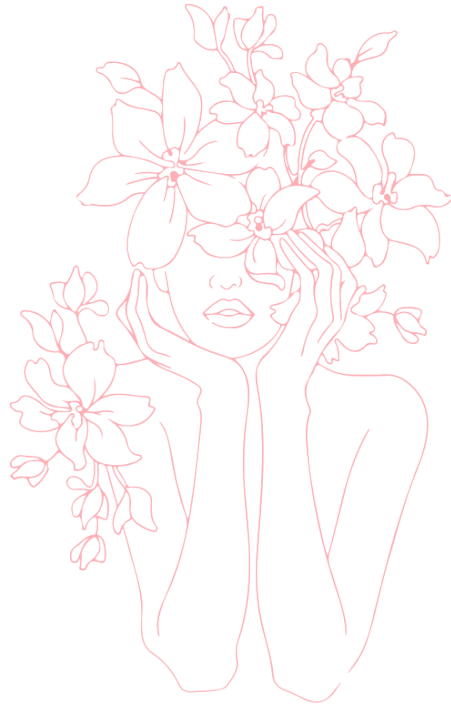
Drinking: Occasionally

Exercise: I exercise more than before Occasionally

Checklist completed: 25th September 2023

Remember to mention:

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



MY SYMPTOMS

Vasomotor:

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

Psychological:

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

Physical:

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

MY CYCLES

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

MY MANAGEMENT

- Have had received a menopause diagnosis

HRT Routine:

- Yes
- Oestrogen gel
- Continuous Combined HRT
- 3-Monthly HRT