

## **Hormone Evaluation Follow-Up Questions**

What are her chief complaints?

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How old is she/what stage of life is she in? \_\_\_\_\_

What is her height and weight? \_\_\_\_\_

Has she had a hysterectomy (full or partial)? \_\_\_\_\_

What are her current HRT medications (dosage form, strength, and route of administration, site and volume of topical application)?

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How long has she been on above therapy?

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Is she compliant with her current medication?

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What has she previously taken (dosage forms, strengths, and routes of administration)?

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Why did she change previous medications?

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Has she had any hormone levels taken (saliva, blood, or urine)?

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What non-HRT medications is she taking?

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