If you have had a symptom in the **PAST** and do not have it now, check the box like this: ☒
If you are having the symptom **CURRENTLY**, fill in the box like this: ■

In Chinese Medicine, regular menstruation lasts for 4-6 days. A normal cycle has anywhere from 2 to 6 tablespoons of menstrual blood. The average cycle between the first day of your period and the first day of your next period is approximately 26-32 days.

Women:

- ☐ Irregular menses
- ☐ Less than 26 days between
- ☐ More than 32 days between

Vaginal Fluids

- ☐ Vaginal dryness
- ☐ Vaginal irritation or rashes
- ☐ Prone to yeast infections
- ☐ Profuse discharge
- ☐ Light discharge

☐Clear ☐White ☐Yellow
☐Strong smell ☐No smell

Ovulation

- ☐ Pain / discomfort during ovulation
- ☐ Breast tenderness during ovulation

Any other symptoms:_____
_____

PMS

- ☐ Pre-menstrual cramping
- ☐ Pre-menstrual cramping that improves with beginning of blood flow
- ☐ Headache
- ☐ Low back ache
- ☐ Bloating
- ☐ More tired
- ☐ Breast distention and tenderness
- ☐ Generally achy
- ☐ Increased appetite
- ☐ Facial break outs / acne
- ☐ Loose bowels
- ☐ Use pain meds or NSAIDS

During Menstruation

- ☐ Dull cramping
- ☐ Sharp / Painful cramping
- ☐ Cold cramping better with heat
- ☐ Cramping better with passing clots
- ☐ Cramps with a bearing down sensation
- ☐ Headache
- ☐ Low back ache
- ☐ Bloating
- ☐ More tired
- ☐ Breast distention and tenderness
- ☐ Generally achy
- ☐ Increased appetite
- ☐ Loose bowels
- ☐ Use pain meds or NSAIDS

Menstrual Blood

- ☐ Profuse
- ☐ Scanty
- ☐ Normal
- ☐ Pale Red
- ☐ Bright Red
- ☐ Dark Red
- ☐ Purplish color
- ☐ Brownish color in beginning / end
- ☐ Clots large (bigger than fist joint in thumb
- ☐ Contain stringy tissue or mucus
- ☐ Bleed less than 4 days
- ☐ Bleed more than 7 days
- ☐ Bleed or spot between periods

Medical History

_____Age menstrual period began
_____Beginning date of last menstrual period
_____Date of last pap smear
_____Date of last breast exam

YES	NO	
☐	☐	History of abnormal pap smear
☐	☐	Ever had a cervical biopsy, operation, cauterization
☐	☐	Diagnosed with Pelvic Inflammatory Disease
☐	☐	Diagnosed with uterine fibroids or polyps
☐	☐	Diagnosed with endometriosis
☐	☐	Diagnosed with pelvic adhesions / abnormalities
☐	☐	Diagnosed with PCOS (polycystic ovary syndrome)
☐	☐	Diagnosed with HPV (human papilloma virus)
☐	☐	Diagnosed with fibrocystic breasts
☐	☐	Diagnosed with breast / cervical / ovarian cancer (date)_____
☐	☐	If,yes, are you currently in cancer treatment

Presently using contraceptive? (type and how long)
_____
Contraceptive History (please include type & years using)
_____
_____
Number of pregnancies_____
Number of miscarriages_____
Number of cesareans_____

Fertility

How long have you been trying to conceive? _____

YES	NO	
☐	☐	Have you had a diagnosis relating to infertility?
☐	☐	Have you had fertility treatments?
☐	☐	Taken medication to help with ovulation?
☐	☐	Do you have excess facial hair?
☐	☐	Do you have excessively oily skin?
☐	☐	Do you have excess hair loss?
☐	☐	Hormone lab tests? (when/results) _____
		_____
☐	☐	Is your partner supportive of your wish to conceive?
☐	☐	If male, has he had a fertility work up? (when/results)
		_____
☐	☐	More than 20% over ideal body weight?

Menopause

_____Age started

- ☐ Night sweats
- ☐ Hot flashes
- ☐ Disturbed sleep
- ☐ Weight gain
- ☐ Hair loss
- ☐ Difficulty concentrating
- ☐ Constipation

Any other symptoms or changes in body function since onset of menopause?_____
_____
_____
_____
Are you on hormone replacement therapy? _____
Taking other supplements for menopause? (please list)
_____
_____