



Name:

Date:

I believe I may be experiencing perimenopause and would like to discuss my symptoms and possible support options.

Cognitive & Mood Changes

Brain fog or forgetfulness	<input type="checkbox"/>
Difficulty concentrating	<input type="checkbox"/>
Mood swings	<input type="checkbox"/>
Increased anxiety	<input type="checkbox"/>
Low mood or depression	<input type="checkbox"/>
Irritability	<input type="checkbox"/>
Feeling overwhelmed	<input type="checkbox"/>

Sleep & Fatigue

Trouble falling or staying asleep	<input type="checkbox"/>
Waking up too early	<input type="checkbox"/>
Night sweats disrupting sleep	<input type="checkbox"/>
Fatigue or low energy during the day	<input type="checkbox"/>
Needing naps more often than usual	<input type="checkbox"/>

Hormonal & Physical Changes

Hot flushes	<input type="checkbox"/>
Night sweats	<input type="checkbox"/>
Irregular periods (e.g., heavier/lighter or missed cycles)	<input type="checkbox"/>
Shorter or longer cycles	<input type="checkbox"/>
Vaginal dryness or discomfort	<input type="checkbox"/>
Low libido	<input type="checkbox"/>
Breast tenderness	<input type="checkbox"/>
Weight gain (especially around the middle)	<input type="checkbox"/>
Hair thinning or loss	<input type="checkbox"/>
Dry skin or eyes	<input type="checkbox"/>
New or worsening headaches or migraines	<input type="checkbox"/>
Joint or muscle pain	<input type="checkbox"/>
Heart palpitations	<input type="checkbox"/>

Other Concerns

Family history of menopause-related conditions (e.g., early menopause, osteoporosis)	<input type="checkbox"/>
Concerns about HRT (Hormone Replacement Therapy)	<input type="checkbox"/>
Interest in natural/alternative treatments	<input type="checkbox"/>
Other symptoms I'd like to discuss:	<input type="checkbox"/>

Notes for My Doctor

I would like to discuss the following at my appointment:

Blood tests or hormone testing	<input type="checkbox"/>
Treatment options (e.g., HRT, lifestyle changes, supplements)	<input type="checkbox"/>
Mental health support	<input type="checkbox"/>
Sleep support	<input type="checkbox"/>
Referral to a specialist if needed	<input type="checkbox"/>

Notes: