

SYMPTOM TRACKER



MONTH.....

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
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Place an X in the top right box on days that you experience symptoms, use the numbers below to populate and track.

1. Hot Flashes
2. Fatigue
3. Anxiety
4. Panic Attacks
5. Mood swings
6. Bloating
7. Palpitations
8. Headaches
9. Memory lapse
10. Bladder Weakness
11. Low Mood
12. Vaginal Dryness
13. Joint pain
14. Nausea
15. Irregular period
16. Itchy Skin
17. Sleep loss
18. Cold sweats
19. Difficulty concentrating
20. Tender breasts
21. Hair loss
22. Weight gain
23. Short Tempered
24. Incontinence
25. Brittle Nails
26. Over emotional

Ask the Doctor

Don't be afraid to ask who is the best person in your practice to speak to, and ask for a double appointment.

- Could symptoms be masking something other than menopause?
- Can you do a blood test to determine it is menopause?
- What medications should I consider?
- What are the side effects of Hormone Replacement Therapy (HRT) ?
- How long would I need to take medications for?
- Are there any supplements or natural remedies?
- Any lifestyle or dietary changes I can make?