



FEMSCULPT

COSMETIC GYNECOLOGY

First Name: _____ Last Name: _____

Date: _____

Date of Birth: _____

Last Menstrual Period: _____

Medical History for Hormone Replacement Therapy (HRT) Candidacy

- Personal history of breast cancer, endometrial cancer, or estrogen-sensitive cancers? Yes No
- History of DVT, PE, or clotting disorders? Yes No
- Liver disease? Yes No
- History of stroke or uncontrolled hypertension? Yes No
- Current or past smoking? Yes No

If you answered 'Yes' to any of the following questions, you do not meet the eligibility criteria for Hormone Replacement Therapy (HRT).

1. Menstrual History

1. Are your periods still regular?

Yes No

2. Have you missed any periods in the last 6 months?

Yes No

3. Has it been more than 12 months since your last period?

Yes No

4. Have your periods become lighter or heavier recently?

Yes No

If you answered 'No' to 2 or more of the previous questions, you are a qualified candidate for Hormone Replacement Therapy (HRT).

2. Hot Flashes & Night Sweats

5. Do you have hot flashes?

Yes No

6. Do hot flashes occur more than once a day?

Yes No

7. Do hot flashes interfere with your daily routine?

Yes No

8. Do you experience night sweats?

Yes No

9. Do night sweats disturb your sleep?

Yes No

10. Do you feel flushed, anxious, or have a racing heart during these episodes?

Yes No

If you answered 'Yes' to 3 or more of the previous questions, you are a qualified candidate for Hormone Replacement Therapy (HRT).

3. Sleep

11. Do you have trouble falling asleep?

Yes No

12. Do you wake up frequently during the night?

Yes No

13. Do you feel tired during the day due to poor sleep?

Yes No

If you answered 'Yes' to 1 or more of the previous questions, you are a qualified candidate for Hormone Replacement Therapy (HRT).

4. Mood & Mental Function

14. Have you noticed mood swings?

Yes No

15. Do you feel more anxious or irritable than usual?

Yes No

16. Have you had trouble concentrating or remembering things lately?

Yes No

If you answered 'Yes' to 1 or more of the previous questions, you are a qualified candidate for Hormone Replacement Therapy (HRT).

5. Lifestyle & Quality of Life

17. Are these symptoms affecting your work or daily activities?

Yes No

18. Are they affecting your relationships or personal life?

Yes No

19. Have you changed your habits or routines because of these symptoms?

Yes No

20. Are you currently taking anything to manage these symptoms (medication, supplements, etc.)?

Yes No

21. Is your libido decreased?

Yes No

22. Are you feeling fatigue during the day?

Yes No

23. Do you think your energy is decreased?

Yes No

24. Do you think you gain weight even though you did not change anything in your diet?

Yes No

25. Do you think you started having increased fat distribution in the abdomen area or hip area?

Yes No

If you answered 'Yes' to 3 or more of the previous questions, you are a qualified candidate for Hormone Replacement Therapy (HRT).

If you answered "Yes" to 12 or more questions, you may be eligible to consider Hormone Replacement Therapy (HRT). If you're interested in learning more or would like to discuss your options, please don't hesitate to reach out. We're here to help guide you through the next steps.