

HORMONE SYMPTOM CHECKLIST-WOMEN

IRIE NATURAL HEALTH CENTER



Feeling good the natural way
6625 S Rural Rd., #103, Tempe, Az85283

HORMONE SYMPTOM CHECKLIST-FEMALE

The following checklist can help identify symptoms of hormone imbalance. Please mark the signs and symptoms that are present, problematic or persist over time.

SEX HORMONE IBMALANCE

- | | | | |
|---|---|---|---|
| <input type="checkbox"/> Acne | <input type="checkbox"/> Headaches | <input type="checkbox"/> Low libido | <input type="checkbox"/> Urinary |
| <input type="checkbox"/> Bone loss | <input type="checkbox"/> Heart palpitations | <input type="checkbox"/> decreased sexual | <input type="checkbox"/> incontinence |
| <input type="checkbox"/> Cystic ovaries
(PCOS) | <input type="checkbox"/> Heavy menses | <input type="checkbox"/> function | <input type="checkbox"/> Uterine fibroids |
| <input type="checkbox"/> Depressed Mood | <input type="checkbox"/> Hot flashes | <input type="checkbox"/> Mood Swings | <input type="checkbox"/> Vaginal dryness |
| <input type="checkbox"/> Fibrocystic breast | <input type="checkbox"/> Increased | <input type="checkbox"/> (PMS) | <input type="checkbox"/> Weight gain |
| <input type="checkbox"/> Foggy thinking | <input type="checkbox"/> body/facial hair | <input type="checkbox"/> Night Sweats | |
| | <input type="checkbox"/> Irritability | | |

ADRENAL HORMONE IMBALANCE

- | | | | |
|--|---|---|--|
| <input type="checkbox"/> Aches and pains | <input type="checkbox"/> Autoimmune | <input type="checkbox"/> Depression | <input type="checkbox"/> Low blood sugar |
| <input type="checkbox"/> Afternoon/evening | <input type="checkbox"/> diseases | <input type="checkbox"/> Diabetes/ | <input type="checkbox"/> Morning fatigue |
| <input type="checkbox"/> fatigue | <input type="checkbox"/> Bone loss | <input type="checkbox"/> prediabetes | <input type="checkbox"/> Salt/sugar cravings |
| <input type="checkbox"/> Allergies | <input type="checkbox"/> Chronic health | <input type="checkbox"/> History of steroid | <input type="checkbox"/> Weight gain |
| <input type="checkbox"/> Anxiety | <input type="checkbox"/> problems | <input type="checkbox"/> usage | |

THYROID HORMONE IMBALANCE

- | | | | |
|--|---|---|---|
| <input type="checkbox"/> Aches and pains | <input type="checkbox"/> Dry Skin | <input type="checkbox"/> Headaches | <input type="checkbox"/> Menstrual |
| <input type="checkbox"/> Anxiety | <input type="checkbox"/> Elevated cholesterol | <input type="checkbox"/> Heart palpitations | <input type="checkbox"/> irregularities |
| <input type="checkbox"/> Brittle nails | <input type="checkbox"/> Fatigue | <input type="checkbox"/> Inability to lose | <input type="checkbox"/> Sleep disturbances |
| <input type="checkbox"/> Cold hands and feet | <input type="checkbox"/> Feeling cold all the | <input type="checkbox"/> weight | <input type="checkbox"/> Thinning hair |
| <input type="checkbox"/> Constipation | <input type="checkbox"/> time | <input type="checkbox"/> Infertility | <input type="checkbox"/> Weight gain |
| <input type="checkbox"/> Depression | <input type="checkbox"/> Foggy thinking | <input type="checkbox"/> Low libido | |

METABOLIC IMBALANCE

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> Diabetes (or family | <input type="checkbox"/> Heart disease (or | <input type="checkbox"/> Low physical | <input type="checkbox"/> Salt/sugar cravings |
| <input type="checkbox"/> history) | <input type="checkbox"/> family history) | <input type="checkbox"/> activity | <input type="checkbox"/> Smoking |
| <input type="checkbox"/> Elevated cholesterol | <input type="checkbox"/> High blood pressure | <input type="checkbox"/> Low | <input type="checkbox"/> Thyroid disorder |
| <input type="checkbox"/> Fatigue | <input type="checkbox"/> High Blood Sugar | <input type="checkbox"/> thyroid/decreased | <input type="checkbox"/> Weight gain |
| <input type="checkbox"/> Gestational diabetes | <input type="checkbox"/> Insulin resistance | <input type="checkbox"/> sexual function | |
| <input type="checkbox"/> (or family history) | | <input type="checkbox"/> PCOS | |

NEURTRANSMITTER IMBALANCE

- | | | | |
|--|--|---|--|
| <input type="checkbox"/> ADD/ADHD | <input type="checkbox"/> Depressed | <input type="checkbox"/> Methylation deficits | <input type="checkbox"/> PMDD |
| <input type="checkbox"/> Addictive behaviors | <input type="checkbox"/> Developmental | <input type="checkbox"/> Mood swings | <input type="checkbox"/> Sleep disturbed |
| <input type="checkbox"/> Anxious/nervous | <input type="checkbox"/> delays | <input type="checkbox"/> OCD | <input type="checkbox"/> Tearful |
| <input type="checkbox"/> Autism spectrum | <input type="checkbox"/> Eating disorder | <input type="checkbox"/> Panic attacks | |
| <input type="checkbox"/> disorder | <input type="checkbox"/> Irritable | | |

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