Dear Friend,

This document is a collection of information which will provide you with extensive details on Bio-Identical Hormone Replacement Therapy (BHRT). The packet includes the following:

**Frequently Asked Questions Section** to answer your questions on:
- **Hormone Replacement Therapy** in light of the Women's Health Initiative Study
  - Safety
  - Health Benefits, etc.
- **Bio-Identical Hormones**
  - Source of hormones
  - What dosage forms available, etc.
- **Saliva Hormone Test Information Sheet:**
  - Identifies which hormones can be tested
  - Advantages of saliva testing
- **A Confidential Hormone Replacement Evaluation:**
  - Form looks at your individual:
    - Symptoms
    - Medical History
    - Hormone Replacement Goals
  
  *(This form should be filled out and shared your physician.)*

In addition to bio-identical hormone prescriptions, Stanley Apothecary also offers saliva hormone test kits to measure your hormone levels. Review the brochure on the saliva testing or call for more information. Kits can be picked up at our pharmacy or mailed directly to your home.

By having your hormone levels checked you provide yourself and your healthcare providers an invaluable picture of your body's hormonal status. With your hormone level results, a more accurate and individualized therapy can be designed for you. In fact, for a fee of $75, we can devise a suggested BHRT regimen for your physician's approval based upon your saliva hormone test results and completed hormone evaluation.

Thank you for allowing Stanley Apothecary to assist you in your evaluation of BHRT. We hope you find this information useful. Please contact us anytime if you have any additional questions or if we can assist you in any other way.

Best regards,
Douglas Yoch, PharmD
President - Stanley Apothecary
Frequently Asked Questions

In light of the July 2002 Women’s Health Initiative (WHI) study by the National Institutes of Health, we want to address women’s most common questions and concerns about hormone replacement therapy (HRT) in Part A and the plant source bio-identical hormone replacement therapy (BHRT) option in Part B. We hope this piece will provide you with the answers you need to decide whether BHRT is right for you.

It must also be noted that the WHI study only looked at one hormone replacement therapy regimen. This regimen was the 0.625 mg conjugated equine estrogen and 2.5 mg medroxyprogesterone acetate (a synthetic progestin) (brand name: Prempro®) dosed once daily.

It cannot be assumed other hormone regimens are safer or more dangerous until more conclusive data is gathered on each option. What we hope to provide you is enough information so that you and your physician can make an informed decision that is best for you.

Part A:

Question: What are the specific risks about HRT that were uncovered by the WHI study?

Answer: The study found no difference in death rates between the group on hormone replacement therapy and placebo. However, specific risks in several areas were identified. The risks are summarized as follows:

• Heart Disease: The study showed a small, but statistically significant increase risk for events such as non-fatal heart attacks. This risk appeared in the first year of the study.
  • 37 per 10,000 women had heart related events on the HRT regimen
  • 30 per 10,000 women had heart related events on the PLACEBO group

• Breast Cancer: The study showed a small, but statistically significant increase in risk.
  • 38 cases of breast cancer per 10,000 women on the HRT regimen
  • 30 cases of breast cancer per 10,000 women on the PLACEBO.

The increase in breast cancer was apparent after 4 years. The risk for the HRT group appears to be cumulative, increasing over time. The risk also increases with the placebo group too, as advancing age also increases one’s risk for breast cancer. As an individual, your risk, taking the exact HRT regimen studied, would be increased less than one tenth of one percent a year.

• Stroke and Blood Clots:
  Stroke: There was a 41% increased risk for the HRT group
  • 29 cases of stroke per year per 10,000 women on HRT regimen
  • 21 cases of stroke per year per 10,000 women on PLACEBO

  Blood Clots: The HRT group had a greater rate of blood clots than the placebo group.
  • 34 cases of blood clots per year per 10,000 women on HRT
  • 16 cases of blood clots per year per 10,000 women on the PLACEBO
Frequently Asked Questions (continued)

Question: What benefits were associated to HRT in the WHI study?

Answer: Yes, there were benefits to the HRT regimen studied. The benefits noted during the study are as follows:

Colon Cancer: The risk of colon cancer was reduced by 37%.
• The benefit appeared after 3 years of use and became more significant over time.

Bone Fractures:
• The HRT group had a 24% reduction in total fractures, and a 34% reduction in hip fractures.

Beyond the study, it is commonly accepted that HRT is the most effective treatment for the relief of vasomotor symptoms such as hot flashes and night sweats as well as sleep disturbances, which can affect both physical and mental health. HRT is also effective in treating symptoms such as vaginal dryness and sexual discomfort.

Question: How do I apply the conflicting risks to my own situation?

Answer: Knowing how to apply the risks uncovered by the WHI study is complex for both you and for your physician. Let us start by looking at the risk to the individual patient (you).

Since the percentage of women in the WHI study who actually had adverse effects from the HRT was small, the size of the risk for each individual on HRT was also small. What the study’s authors had decided was that since this drug is taken by millions of women over many years, the risks can translate into a large number of women with adverse effects (heart disease, stroke, or breast cancer).

Question: What is the bottom line for women trying to make a decision about taking HRT?

Answer: The bottom line is that HRT is still an acceptable option for the treatment of menopausal symptoms. When taking HRT the American College of Obstetricians and Gynecologists recommend:

• Taking HRT for the shortest possible time that works for you
• Taking the smallest effective dose
• Regularly consulting with your physician - at least once a year - to reevaluate your HRT
• Getting regular breast cancer screenings

When considering any HRT regimen (BHRT or synthetic hormones), one must closely review the following with your physician:

• What are your GOALS for taking HRT / BHRT
• Your personal BENEFITS gained through HRT / BHRT use
• Weigh your own personal RISKS, taking into account your individual and family history for conditions such as heart disease and breast cancer
Frequently Asked Questions (continued)

Now let us look specifically at Bio-Identical Hormone Replacement Therapy (BHRT) to see if it might be the right option for you.

Part B:
Question: What are bio-identical hormones?

Answer: Bio-identical hormones are hormones that are identical in their molecular structure to the hormones found in your body. Your body recognizes them as “self”, not as a foreign substance.

Your body can utilize the BHRT hormones more efficiently because they fit your cell’s hormone receptors perfectly. Your body also has methods to remove used and/or excess hormones from your body (hormone metabolism). These metabolism mechanisms already exist for the bio-identical hormones, while they do not for the synthetic hormones.

Question: Where do bio-identical hormones come from?

Answer: Bio-identical hormones, also know as “natural” hormones are not human in origin, but are actually derived from a plant oil called diosgenin. Diosgenin is extracted from soybeans and certain wild yams. Diosgenin is very similar in its chemical structure to human steroid hormone cholesterol. Once extracted it is chemically altered to exactly match our human hormones. Allergenicity to these plants is believed to be removed during this conversion process, so individuals with a soy or yam allergy should still be able to use BHRT.

Question: How do I know which hormones I need in my BHRT?

Answer: You will need to work with your physician, examining both physical findings (lab results from blood tests, saliva tests, etc.) and your clinical picture (symptoms - your list of health complaints).

Upon analyzing your whole health picture, your physician should begin to see a trend which would indicate whether a hormone imbalance is the source of your health problems. Common hormone imbalances are progesterone deficiency with estrogen dominance, progesterone and estrogen insufficiency, testosterone deficiency, dehydroepiandrosterone (DHEA) and cortisol imbalance.

Question: What role does each of these hormones play in my body?

Answer: The answer to this question is very complex, so we will give you the highlights of each group of hormones. You can also talk to your physician about each one or research the subject more on your own. Books on the subject of hormones and hormone therapy are available at bookstores and the library (call us for some recommended titles). Beware when researching information on the Internet, not all web sites are accurate. Try to find web sites that are endorsed by a reputable organization.
Frequently Asked Questions (continued)

Estrogens:
The term “estrogen” actually refers to a group of related hormones, each having their own unique profile of activity. The three principle estrogens in the human body are Estriol (E3), Estradiol (E2), and Estrone (E1). In BHRT, generally a combination of the three estrogens (Tri-Est) or a combination of two (E3 & E2 = Bi-Est) are used if estrogen is needed.

Estrogens are responsible for:
• normal growth and development of the female sex organs
• maintaining secondary sex characteristics
• protecting against bone loss

Replacement of estrogen with bio-identical estrogens can help with the following symptoms:
• hot flashes & night sweats
• vaginal dryness
• skin problems
• memory loss

Many other symptoms can be treated with estrogens. Contact your physician or pharmacist for more information on the role of balanced estrogen.

Progesterone:
Progesterone is responsible for:
• maintaining the uterine lining during pregnancy
• preparing the breasts for lactation
• stimulating osteoblast mediated new bone formation (increases bone mass and density)
• protects against endometrial hyperplasia from estrogen therapy
• is metabolized to other active hormones

Replacement of progesterone with bio-identical progesterone can help with the following symptoms:
• mood swings
• breast tenderness
• decreased bone density
• bloating
• sleep disturbances

Many other symptoms can be treated with progesterone. Contact your physician or pharmacist for more information on the role of balanced progesterone.

Androgens (such as Testosterone):
Testosterone is present in women, just at a much lower level than what is found in males. If a deficiency exists, bio-identical testosterone can help with the follow:
• increase libido (sex drive)
• enhance bone building by increasing calcium retention
• improve energy levels
Frequently Asked Questions (continued)

Question: What advantages does compounded BHRT have over commercially available HRT?

Answer: Compounded bio-identical hormones have several distinct advantages:

- **Hormones are identical to human hormone:** By supplementing hormone deficiencies with hormones identical to your own hormones you avoid certain side effects and adverse effects of synthetic estrogens and progestins. BHRT allows your body's hormone receptors and hormone metabolism to function the same as with your own hormones!
- **Customized dosing:** Compounding pharmacists can customize your dose so that you are getting the exact dose that meets your individual needs.
- **Custom hormone combinations:** Compounding pharmacists can combine multiple bio-identical hormones into one dose. This makes being compliant to your regimen much easier than trying to take multiple medications.
- **Multiple dosage forms available:** Compounding pharmacists can help you pick a dosage form (creams, SR capsule, troches, sublingual drops, etc.) that best meets your needs and preferences. Because the more we tailor it to your wants and needs the more likely you will experience successful results.

Question: What type of dosage forms are bio-identical hormones available in?

Answer: Bio-identical hormones are available in a wide variety of dosage forms to meet the individual needs of each patient.

**Dosage Forms:**
- Transdermal Creams
- Vaginal Creams & Suppositories
- Capsules, Sublingual Troches, & Drops

Question: Do I need a prescription for BHRT?

Answer: Yes, you must have a prescription for BHRT. If your physician is not familiar with BHRT, fill out the Physician Information Packet Request Form. Stanley Apothecary will inform your physician you are interested in BHRT and will provide them with detailed information on BHRT so that they may evaluate this therapy option and help you make the proper decision for your individual healthcare needs. We also have a list of Charlotte, NC area physicians experienced in prescribing BHRT.
About Saliva Testing

The Technology
In the past 20-30 years a number of research studies have validated saliva as a diagnostic medium to measure the unbound, biologically-active fraction of steroid hormones in the bloodstream. Saliva is a natural ultra-filtrate of blood, and steroids not bound by carrier proteins in the blood freely diffuse into saliva. The majority (90-99%) of steroid hormones in the blood are bound tightly to carrier proteins (cortisol-binding globulin, sex hormone binding globulin, albumin) rendering them unavailable to target tissues. Steroids are very small lipophillic (fat-loving) molecules that, when released from the binding proteins and red blood cells in the blood, freely diffuse into tissues, which include the salivary gland and saliva. The steroid hormones most extensively studied in saliva are: Estrogens (Estradiol, Estrone, and Estriol), Progesterone, Androgens (DHEAs, Testosterone) and Cortisol for assessment of adrenal function.

Advantages
• Saliva measures the free, “bioavailable” fraction of steroid hormones that have moved out of the bloodstream (blood and urine measure total levels) and into the tissue.

• Saliva is the most reliable measurement of tissue uptake with topical hormone supplementation.

• Painless, noninvasive and needle-free (stress of conventional blood draw can alter test results).

• Private (home collection) convenient for both patient and doctor allows for optimal collection time.

• Hormones are stable in saliva at room temperature for weeks allowing for worldwide shipment.

• Transport of saliva samples to laboratory requires no special handling.

• Less expensive than conventional blood testing.

• Ease of collection allows for routine monitoring and adjustment of hormone supplementation as needed.

Clinical Utility
Saliva Testing can help providers:
• Identify hidden hormonal imbalances (deficiency or excess) associated with patient symptoms of menopause and andropause as well as reproductive disorders, chronic illness and diseases of aging.

• Link clinical symptoms to specific hormone imbalance(s).

• Maintain health and prevent disease through early detection of hormonal imbalance(s).

• Restore hormonal balance and patient quality of life using test results as a rational basis for treatment.

• Monitor patient hormone levels for “individualized” hormone replacement.

• Track patient progress with comparative history reports provided with follow-up testing.

• Most Common Hormone Tests Ordered (FEMALE):
  - Estradiol
  - Progesterone
  - Testosterone
  - DHEA-S
  - AM Cortisol

• Most Common Hormone Tests Ordered (MALE):
  - Testosterone
  - DHEA-S

• Cost is $45.00 per hormone tested.
• Contact Stanley Apothecary TODAY to order your Saliva Hormone Test Kit.
  - ONLINE: Request Kit via our Contact Us page
  - PHONE: 704-370-6612
  - FAX: 704-375-5888
About Saliva Testing (continued)

Hormones We Test In Saliva

<table>
<thead>
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<th>Hormone</th>
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<tr>
<td>Estradiol (E2)</td>
<td>Estradiol (E1)</td>
</tr>
<tr>
<td>Progesterone (Pg)</td>
<td>Testosterone (T)</td>
</tr>
<tr>
<td>Cortisol (C)</td>
<td>(AM/PM-Cx2)</td>
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</table>

Estrogens (estradiol, estrone, estriol) are predominantly female hormones, and in adults, they are important for maintaining the health of the reproductive tissues, breasts, bone, skin, and brain. Excessive estrogens or “estrogen dominance” can cause unwanted symptoms such as fluid retention, weight gain, and migraines as well as overstimulation of the breasts, ovaries, and uterus, which can lead to cancer. Insufficient estrogen levels can lead to hot flashes, vaginal dryness, rapid skin aging, urinary problems, excessive bone loss, and possible acceleration of dementia. In men an excess of estrogen, relative to testosterone, is thought to play a role in the development of prostate problems. Most scientists now agree that by-products of estrogen metabolism are a causative factor of both breast and prostate cancers.

Progesterone can be thought of as a hormonal balancer, particularly of estrogens. It enhances the beneficial effects of estrogens while preventing the problems associated with estrogen excess. Progesterone also helps to create a balance of all other steroids, and has intrinsic calming and diuretic properties. It is important in women, but its importance in men for the maintenance of prostate health is only now being appreciated.

Androgens (Testosterone and DHEA) play an important role for men and women in maintaining the structural integrity of skin, bones, and muscles. These anabolic hormones are also important to generate energy for all dynamic processes in the body, from brain to muscle function.

- DHEA is the principal androgen in both men and women. DHEA levels decline with age, and in some cases, supplementation with DHEA can restore energy, improve immune function, lift depression, and improve mental function.
- Testosterone is involved in maintenance of lean body mass, bone density, skin elasticity, sex drive, and cardiovascular health in both sexes. Men make more of this hormone, accounting for their greater bone and muscle mass. However, testosterone is vital to optimal health and well-being in both men and women.

Glucocorticoids, primarily Cortisol, are produced by the adrenal glands in response to stressors such as emotional upheaval, extreme exercise, surgery, illness, sleep deprivation, or eating disorders. Cortisol plays an essential role in immune function, mobilizing the body’s defenses against viral or bacterial infection, and fighting inflammation; however, chronic elevated cortisol levels suppress the action of the immune system and predispose to frequent infections. Cortisol levels are highest first thing in the morning, to combat the stress of overnight fasting and to animate the body for daily activities. Levels steadily decrease over the course of the day, falling to their lowest point at night in preparation for sleep. High cortisol, particularly when chronic and elevated at night has been closely associated with many of the diseases of aging (insulin resistance, diabetes, osteoporosis, cardiovascular disease and breast cancer). On the other hand, chronically low cortisol levels portend excessive fatigue, thyroid dysfunction, and allergies caused by a compromised immune system. Both high or low cortisol levels are a warning sign of adrenal imbalance which can accelerate the aging process and have devastating effects on health.

Order your saliva test kit today:

- Cost is $45.00 per hormone tested.
- Contact Stanley Apothecary TODAY to order your SalivaHormone Test Kit.
  - ONLINE: Request Kit via our Contact Us page
  - PHONE: 704-370-6612
  - FAX: 704-375-5888
- Kits can be MAILED directly to your home or picked up from our pharmacy.
- If outside NC, please contact us as some states do have restrictions on hormone testing.
CONFIDENTIAL HORMONE EVALUATION - (page 1 of 7)

(Please Print Clearly)

Date:______________

Name:__________________________________________     Date of Birth:_______________________

Street Address:_______________________________________________________________________

City:_____________________________     State:____________     Zipcode:______________________

Phone # (9am - 5pm) OR time and # you would prefer to be contacted at:___________________________

E-mail Address:_______________________________________________________________________

Gender: _ Female      _ Male Height:______________     Weight:_________________

If YES, how often and how much?

Do you use tobacco?     _ Yes     _ No _____________________________________________

Do you use alcohol? _  Yes     _  No _____________________________________________

Do you use caffeine? _  Yes     _  No _____________________________________________

Doctor’s Name(s):        Address:        Phone:
______________________________________________________________________________________________
______________________________________________________________________________________________
______________________________________________________________________________________________

Over-the-counter (OTC) medications:
Please check all products that you use occasionally or regularly. Write down any other products not listed.

_ Pain Reliever _ Combination product (cough+cold reliever: example Triaminic DM®)
_ Aspirin _ Sleep Aids (examples: Unisom®, Sominex®)
_ Acetaminophen (example:Tylenol®) _ Antidiarrheals (examples: Imodium®, Kapectate®, Pepto-Bismol®)
_ Ibuprofen (example: Motrin IB®) _ Laxatives / Stool Softeners (examples: Doxidan®, Correctol®)
_ Naproxen (example:Aleve®) _ Diet Aids / Weight Loss Products (example: Dexatril®)
_ Ketoprofen (example:Orudis®) _ Antacids (examples: Maalox®, Mylanta®, etc.)
_ Cough Suppressant (example: Robitussin DM®) _ Acid Blockers (example:Tagamet HB®, Pepcid AC®, Zantac 75®)
_ Antihistamine Product (example: Benadryl®) Other (please list):_________________________________________
_ Decongestant Product (example: Sudafed®)

Nutritional / Natural Supplements:
Please check all product categories that you are currently using and write down the specific products you use.

_ Vitamins (examples: multiple or single vitamins such as B complex, E, C, beta carotene)
Please list:________________________________________________________
_ Minerals (examples: calcium, magnesium, chromium, colloidal minerals, various single minerals)
Please list:________________________________________________________
_ Herbal Products (examples: Ginseng, Ginkgo Biloba, Black Cohosh, Echinacea, herbal teas, tinctures, remedies, etc.)
Please list:________________________________________________________
_ Enzymes (examples: digestive formulas, papaya, bromelain, CoEnzyme Q 10, etc.)
Please list:________________________________________________________
_ Nutrition / Protein Supplements (examples: shark cartilage, protein powders, amino acids, fish oils, etc.)
Please list:________________________________________________________
CONFIDENTIAL HORMONE EVALUATION - Continued (page 2 of 7)

Patient Name: _____________________________
(Please Print Clearly)

Medical Conditions / Diseases:
Please check all that apply to you.

_ Heart Disease (example: Congestive Heart Failure) _ Blood Clotting Problems
_ High Cholesterol (example: Hyperlipidemia) _ Diabetes If yes: _ Type 1 _ Type 2
_ High Blood Pressure (example: Hypertension) _ Arthritis or Joint Problems
_ Cancer _ Depression / Mental Illness
_ Ulcers (example: stomach, esophagus) _ Epilepsy
_ Thyroid Disease _ Headaches / Migraines
_ Hormonal Related Issues _ Eye Disease (example: Glaucoma, etc.)
_ Lung Condition (examples: Asthma, Emphysema, COPD) _ Other: Please list:_____________________________________
______________________________________________________________________________________________
______________________________________________________________________________________________

Current Prescription Medications:

Medication Name: Strength: Date Started: How often per day:
______________________________________________________________________________________________
______________________________________________________________________________________________
______________________________________________________________________________________________
______________________________________________________________________________________________

Allergies:
Please check all that apply.

_ penicillin _ morphine _ codeine _ aspirin _ sulfa drugs _ nitrate allergy _ dye allergies _ pet allergies
_ food allergies _ no known allergies _ seasonal allergies
_Other:_____________________________________________

Please describe the allergic reaction you experienced and when it occurred:____________________________________
______________________________________________________________________________________________
______________________________________________________________________________________________

Hormones Previously Taken:

Hormone Name & Strength: Date Started: Dated Discontinued: Reason D/C'ed:
______________________________________________________________________________________________
______________________________________________________________________________________________
______________________________________________________________________________________________

Bone Size: _ Small _ Medium _ Large

Body Type: _ Androgenic (narrow hips, fat carried in abdomen, etc.)
_ Estrogenic (broader hips, fat carried in hips, thighs, buttocks, etc.)

Have you ever used oral contraceptives? _ Yes _ No
Any problems from the contraceptives? _ Yes _ No
If YES, describe problem(s):____________________________________________________________________
______________________________________________________________________________________________
CONFIDENTIAL HORMONE EVALUATION - Continued (page 3 of 7)

Patient Name: ____________________________  (Please Print Clearly)

How many pregnancies have you had? _______  How many children have you had? _________

Any interrupted pregnancies?  _ Yes  _ No

Have you had a hysterectomy?  _ Yes  _ No  If YES, date of surgery: ___________________________

Ovaries removed?  _ Yes  _ No

Have you had a tubal ligation?  _ Yes  _ No  If YES, date:___________________________________

Family History:
Do you have any family history of any of the following:
  _ Uterine Cancer  Family member(s):_________________________________________________________________
  _ Ovarian Cancer  Family member(s):_________________________________________________________________
  _ Fibrocystic Breast  Family member(s):_________________________________________________________________
  _ Breast Cancer  Family member(s):_________________________________________________________________
  _ Heart Disease  Family member(s):_________________________________________________________________
  _ Osteoporosis  Family member(s):_________________________________________________________________

Have you had any of the following tests performed?  Check those that apply.

  Mammography  _ No  _ Yes  Date of last test:___________________________________________
  PAP Smear    _ No  _ Yes  Date of last test:___________________________________________

Since you first began having periods, have you ever had what YOU would consider to be abnormal cycles?  _ No  _ Yes
  Date:______________________________________________________________________________

If YES, please explain (such as age when this occurred, symptoms, etc.)
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

When was your last period?__________________________________________________________________

How many days did it last?__________________________________________________________________

Do you have, or did you ever have Premenstrual Syndrome (PMS)?  _ No  _ Yes
If YES, explain symptoms:________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
CONFIDENTIAL HORMONE EVALUATION - Continued (page 4 of 7)

Patient Name: _________________________
(Please Print Clearly)

How did you arrive at the decision to consider Bio-Identical (Natural) Hormone Replacement Therapy?

_ Doctor _ Self _ Friend or Family Member _ Other: __________________________________________

What are your goals with taking Bio-Identical Hormone Replacement Therapy?
____________________________________________________________________________________________________________
____________________________________________________________________________________________________________
____________________________________________________________________________________________________________
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Please write down any questions you have about Bio-Identical Hormone Replacement Therapy.
____________________________________________________________________________________________________________
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Patient Name: ____________________________
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Please rate the following symptoms list:

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<thead>
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<th>Symptom</th>
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<th>MILD</th>
<th>MODERATE</th>
<th>SEVERE</th>
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</thead>
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<tr>
<td>Uterine Fibroids</td>
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<tr>
<td>Bone Loss</td>
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<td>Hot Flashes</td>
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<td>Night Sweats</td>
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<td>Breast Tenderness</td>
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<td>Breakthrough Bleeding</td>
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<tr>
<td>Heavy / Irregular or Changes in Bleeding</td>
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<td>Vaginal Dryness</td>
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<tr>
<td>Anxiety / Nervous</td>
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<td>Mood Swings</td>
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<td>Aches &amp; Pains</td>
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<td>Memory Loss / Lapses</td>
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<td>Foggy Thinking</td>
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<td>Dry Skin / Hair</td>
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<td>Thinning Skin</td>
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### CONFIDENTIAL HORMONE EVALUATION - Continued (page 6 of 7)

**Patient Name: ___________________**  
(Please Print Clearly)

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CONFIDENTIAL HORMONE EVALUATION - Continued (page 7 of 7)

Patient Name: __________________________
(Please Print Clearly)

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List other bothersome symptoms:
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____________________________________________________________________________________________________________
____________________________________________________________________________________________________________

Upon completion, please return to Stanley Apothecary / 3330 Monroe Rd. Ste A / Charlotte, NC 28205 / fax: 704-375-5888