WOMEN'S HEALTH CONFIDENTIAL QUESTIONNAIRE

NAME: _____DATE OF BITH:_____

Is your menstrual cycle regular? ◯ Yes ◯ No

Do you have heavy bleeding with your menstrual cycle? ◯ Yes ◯ No

Do you have lumps in your breasts that come and go? ◯ Yes ◯ No

Do you experience pre-menstrual headaches? ◯ Yes ◯ No

Do you have low libido? ◯ Yes ◯ No

Do you have hot flashes? ◯ Yes ◯ No

Do you experience mood swings? ◯ Yes ◯ No

Have you ever been diagnosed with endometriosis? ◯ Yes ◯ No

Have you ever been diagnosed with PCOS (poly cystic ovarian syndrome)? ◯ Yes ◯ No

Have you ever been treated for infertility? ◯ Yes ◯ No

Have you had difficulty conceiving? ◯ Yes ◯ No

Do you have any swelling in the neck or trouble swallowing? ◯ Yes ◯ No

Have you been diagnosed with any thyroid disorder? ◯ Yes ◯ No

If yes what type: ◯ Hypothyroid ◯ Hyperthyroid ◯ Hashimoto's ◯ Grave's disease

Are you on a thyroid medication or supplement? ◯ Yes ◯ No What kind? _____

Do you regularly experience fatigue? ◯ Yes ◯ No

Have you experienced recent hair loss? ◯ Yes ◯ No

Have you experienced unexplained weight gain? ◯ Yes ◯ No

Have you experienced unexplained weight loss? ◯ Yes ◯ No

Are you intolerant to cooler temperatures/ sensitive to cold? ◯ Yes ◯ No

Do you experience chronic insomnia? ◯ Yes ◯ No

Do you experience chronic brain fog? ◯ Yes ◯ No

PATIENT DISCLOSURE: I understand that the Report generated from my images is intended for use by trained health care providers to assist in evaluation, diagnosis & treatment. I further understand that the Report is not intended to be used by individuals for self-evaluation or self-diagnosis. I understand that the Report will not tell me whether I have an illness, disease, or other condition but will be an analysis of the images with respect only to the thermographic findings discussed in the Report.
By signing below, I certify that I have read and understand the statements above and consent to the examination.

_____ _____

Signature of Patient or Patient's Authorized Representative **Today's Date**