

CONTROL SHEET HORMONE TREATMENT



(Name) (Surname) (Date of birth)

Bodytype (as seen from doctor)

Pre-Treatment? Have you taken hormones before? (pill, contraceptive coil, other?)

Psychopharmacological medication? (Please give names)



Anamnesis

- Liverload
- Hot flushes
- Pain (joints, back)
- Urinary tract infection
- Hair loss
- Dysmenorrhea
- PMS (pre-menstrual-syndrome)
- PCOS (poly-cystic-ovary-syndrome)
- Myoma
- Cysts
- Endometriosis
- Depression
- Mood swings
- Migraine
- Loss of libido
- Loss of virility (ED)
- Desire to have children

Lab work

- Sex hormones
- Thyroid hormones
- Checkup (43 parameters)
- IPO2
- Iron profile
- Neurotransmitters
- Cortisol-day profile (Saliva) (=>stress / AF? => adrenals? progesterone is precursor of cortisol)
- Feces analysis (microbiota)
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Examinations

- HRV (stress, risk of myocardial infarction, vegetative dysregulation => sex hormones esp. progesterone)
- Hand strength measurement (=> testosterone)
- Body-impedance-analysis BIA (=> distribution of fat, muscles, water, depends inter alia on sex hormones)
- Skin analysis (skin age, depends inter alia on sex-hormones estrogene + progesterone) => vitamines => orthomolecular medicine => AF/burnout (=>separate form)

Most recent urological/ gynaecological examination? (When? Name of doctor/clinic?)

Hormone treatment plan

- Standard hormone plan WITH A BREAK (MIX E+P capsules):** take for 3 weeks + take a break for 1 week (like the birth control „pill“)
- Standard hormone plan WITHOUT A BREAK (MIX E+P capsules)**
- Sequential therapy** **A Capsules** (7. - 17. day of cycle); **B Capsules** (17. -28. day of cycle)
- M: Morning capsule and E: Evening capsule, A: Additional capsule**
- progesterone** on demand (like an analgesic) o second half of cycle (for 14 days)

Pharmacy.....

Guidelines (I received the guidelines) yes/no

Possible unwanted effects

- Tension in mammae
- Changes / resurgence of bleeding
- Endometrium-hypertrophia
- Pseudo-thyroid hyperfunction (pseudo hyperthyreosis)

Prescription schedule

- Immediately
- After blood test
- After talk with doctor/representative of doctor

Date		
Progesterone In mg		
Estradiol In mg		
Vit D (25OH) Cholecalciferol		
Zn Zinc-gluconate 35 mg		
Co Copper-gluconate 0,05 mg		
Number Capsules/months		

I confirm that I have carefully read and fully understood the information above. I herewith instruct the doctor, clinic or practice to make an individual hormone prescription and forward it to a certified pharmacy.

City Date Signature