

## My Peri/Menopause Clinic

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What are your main concerns related to your health?

What medical conditions/diagnoses do you have:

(Examples: Diabetes, High blood pressure, asthma, autoimmune condition, thyroid problems, heart conditions, mental health diagnosis or concerns, cancer, or any other)

What prescription and non-prescription medications do you regularly take?

### GYNECOLOGICAL QUESTIONS:

Are (Were) your periods regular, and what is(was) a typical monthly cycle length?

Have you ever been pregnant, given birth, have had a miscarriage?

Did you suffer from Postnatal depression, Gestational diabetes, or Preeclampsia (high blood pressure) during your pregnancy (if applicable)?

What contraception do you use if sexually active and in a heterosexual relationship?

When was your last menstrual period (LMP)?

When was your last Pap smear (cervical screening test)?

When was your last mammogram, if you had one?

Have you ever done a Fecal Occult Blood stool test (a “poop test”) or had a colonoscopy?

#### FAMILY HISTORY:

Are your parents alive, and have mum or/ and dad suffered from:

Diabetes

Heart disease

Cancer

Blood Clot (DVT)

Autoimmune Illness

Depression or other mental health problems

#### HABITS:

Do you smoke?

Do you use recreational drugs like marihuana or any other?

Do you drink alcohol, how often and how much?

#### LIFESTYLE:

Is your diet good, and if not, how can you improve it?

Do you drink coffee, how many cups a day, and do you drink fizzy beverages?

Do you exercise, how often, and what type of exercise?

How many hours of sleep at night do you usually get?

What are your current stressors(concerns) that worry you, and what are your coping mechanisms?