



BOCA RATON CENTER FOR AGE MANAGEMENT

MITCHELL F. MATEZ, DO
200 GLADES ROAD – SUITE 300
BOCA RATON, FL 33432
(561) 953-5490 – PHONE
(561) 430-3616 - FAX
FEMALE SYMPTOM PROFILE

PATIENT INFORMATION

NAME	DOB
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PATIENT HISTORY

HYSTERECTOMY	<input type="checkbox"/> NO	<input type="checkbox"/> YES		
		<input type="checkbox"/> PARTIAL	<input type="checkbox"/> FULL	DATE OF HYSTERECTOMY _____
MENSES	<input type="checkbox"/> REGULAR	<input type="checkbox"/> IRREGULAR	<input type="checkbox"/> NONE	DATE OF LAST MENSES _____
PAP SMEAR	<input type="checkbox"/> NO	<input type="checkbox"/> YES		DATE OF LAST PAP SMEAR _____
MAMMOGRAM	<input type="checkbox"/> NO	<input type="checkbox"/> YES		DATE OF LAST MAMMO _____
UTERINE FIBROID	<input type="checkbox"/> NO	<input type="checkbox"/> YES		
HAVE YOU EVER USED ORAL CONTRACEPTIVES?	<input type="checkbox"/> NO	<input type="checkbox"/> YES		_____
ARE YOU CURRENTLY ON HORMONE THERAPY?	<input type="checkbox"/> NO	<input type="checkbox"/> YES		_____

SYMPTOMS (PLEASE CHECK IF APPLICABLE)

<input type="checkbox"/> HOT FLASHES	<input type="checkbox"/> DECREASED SEX DRIVE
<input type="checkbox"/> NIGHT SWEATS	<input type="checkbox"/> ABSENT SEX DRIVE
<input type="checkbox"/> PROBLEMS WITH SLEEP	<input type="checkbox"/> FATIGUE
<input type="checkbox"/> DRY SKIN	<input type="checkbox"/> DECREASED ENERGY LEVEL
<input type="checkbox"/> ANXIETY	<input type="checkbox"/> DECREASED STRENGTH/ENDURANCE
<input type="checkbox"/> MOOD SWINGS	<input type="checkbox"/> LOSS OF HEIGHT
<input type="checkbox"/> IRRITABILITY	<input type="checkbox"/> WEIGHT GAIN DESPITE EXERCISE/DIET
<input type="checkbox"/> DEPRESSION	<input type="checkbox"/> INABILITY TO LOSE WEIGHT DESPITE EXERCISE/DIET
<input type="checkbox"/> HEADACHE	<input type="checkbox"/> BLOATING
<input type="checkbox"/> MEMORY LOSS	<input type="checkbox"/> PAINFUL JOINTS
<input type="checkbox"/> CLOUDY MIND	<input type="checkbox"/> ACNE
<input type="checkbox"/> PALPITATIONS	<input type="checkbox"/> OTHER _____
<input type="checkbox"/> VAGINAL DRYNESS	
<input type="checkbox"/> PAINFUL INTERCOURSE	
<input type="checkbox"/> INABILITY TO ORGASM	