Dear Patient,

Thank you for taking the time to download our hormone evaluation forms. You are one step closer to feeling your best! Please complete the following forms and return the confidential forms to Saver Express Pharmacy via our website, by email [consultation@saverexpressrx.com], or in person.

We encourage you to complete the below forms as extensively as you can to help ensure the best consultation. Please let us know if you have any questions or technical difficulties. We thoroughly look forward to meeting you and helping you feel your absolute best!

Uploading forms via our website:

1. From any web browser go to saverexpressrx.com.
2. At the top right click on “More”.
3. Click on “Consultation Intake Form”.
4. Scroll halfway down the electronic form until you see the below box titled “File Upload”.
5. Upload the forms and make sure the necessary information is completed on the electronic form.
6. Check the bottom box stating you’ve reviewed all the information, electronically sign, and click submit.

SAVER EXPRESS RX PHARMACY

HORMONE SYMPTOM EVALUATION

TODAY'S DATE:_____ SOCIAL SECURITY #:_____

PATIENT NAME:_____ DOB:_____

ADDRESS:_____

DAYTIME PHONE:_____EMAIL:_____

FAMILY HISTORY OF CANCER? [ ]YES [ ]NO [ ]UNKNOWN

IF YES, RELATIONTO FAMILY MEMBER:_____

LIST ANY FEMALE SURGERY (I.E. PARTIAL OR TOTAL HYSTERECTOMY)?

_____

_____

LIST ANY OTHER HORMONE THERAPY OR PRESCRIPTIONS (INCLUDING SUPPLEMENTS):

_____

_____

ANY KNOWN ALLERGIES (PLEASE LIST)?_____

HAVE YOU PREVIOUSLY TAKEN HORMONE REPLACEMENT THERAPY? [ ]YES [ ]NO

IF YES, WHY DID YOU STOP?_____

_____

_____

PLEASE CHECK ALL SYMPTOMS AND ADD ANY HELPFUL DETAILS:

__Fibrocystic Breast	Specify:_____
__Weight Gain	Specify:_____
__Heavy/Irregular Menses	Specify:_____
__Hot Flashes	Specify:_____
__Dry Skin / Dry Hair	Specify:_____
__Anxiety	Specify:_____
__Depression	Specify:_____
__Night Sweats	Specify:_____
__Vaginal Dryness	Specify:_____
__Headaches	Specify:_____
__Irritability	Specify:_____
__Mood Swings	Specify:_____
__Breast Tenderness	Specify:_____
__Sleep Disturbances/Insomnia	Specify:_____
__Cramps	Specify:_____
__Fluid Retention	Specify:_____
__Breaththrough Bleeding	Specify:_____
__Fatigue	Specify:_____
__Loss of Memory	Specify:_____
__Bladder Symptoms	Specify:_____
__Arthritis	Specify:_____
__Difficulty Reaching Climax	Specify:_____
__Decreased Sex Drive	Specify:_____
__Painful Intercourse	Specify:_____
__Hair Loss/Thinning	Specify:_____
__Constipation	Specify:_____
__Diarrhea	Specify:_____
__Other	Specify:_____

SAVER EXPRESS RX PHARMACY

USING SYMPTOMS TO DETERMINE WHICH HORMONES TO TEST IN SALIVA FOR FEMALES

Check below which of these syptoms are troublesome and persist over time. One or more symptoms in this category are a strong indication that you need to test Estradiol and Progesterone.

Estrogen/Progesterone Deficiency	Estrogen Excess/Progesterone Deficiency	
__Hot Flashes	__Mood Swings (PMS)	__Cystic Ovaries
__Night Sweats	__Tender Breasts	__Heavy Menses
__Vaginal Dryness	__Water Retention	__Breast Cancer
__Foggy Thinking	__Nervousness	__Sleep Disturbance
__Memory Lapses	__Irritable	__Sugar Craving
__Incontience	__Anxious	__Elevated Triglycerides
__Tearful	__Fibrocystic Breasts	__Weight Gain (Waist)
__Depressed	__Uterine Fibroids	__Low Libido
__Sleep Disturbances	__Weight Gain (Hips)	
__Heart Palpitations (Flutters)	__Bleeding Changes	
__Bone Loss	__Headaches	
__Headaches	__Cold Body Temperature	

Check below which of these syptoms are troublesome and persist over time. One or more symptoms in this category are a strong indication that you need to test Testosterone and DHEA-S.

Androgen Excess	Androgen Deficiency	
__Increased Facial Hair	__Low Libido	__Headaches
__Increased Body Hair	__Vaginal Dryness	__Fibromyalgia
__Loss of Scalp Hair	__Fatigue	__Irritable
__Acne	__Aches/Pains	__Thinning Skin
__Oily Skin	__Memory Lapses	
__Nervousness	__Foggy Thinking	
__Irritable	__Incontinence	
__Anxious	__Depressed	
__Ovarian Cycsts	__Sleep Disturbances	
__Elevated Triglyccrides	__Bone Loss	
__Sleep Disturbances	__Decreased Muscle Mass	
__Breast Cancer	__Heart Palpitations (Flutters)	

Check below which of these syptoms are troublesome and persist over time. One or more symptoms in this category are a strong indication that you need to test Cortisol.

Cortisol Excess		Cortisol Deficiency
__Sleep Disturbances	__Headaches	__Fatigue
__Bone Loss	__Heart Palpitations	__Sugar Craving
__Fatigue	__Stress	__Allergies
__Weight Gain (Waist)	__Cold Body Temp	__Chemical Sensitivity
__Loss of Muscle Mass	__Sugar Cravings	__Stress
__Thinning Skin	__Low Libido	__Cold Body Temp
__Elevated Triglycerides	__Hair Loss	__Irritable
__Breast Cancer	__Increased Facial Hair	__Arthritis
__Irritable	__Increased Body Hair	__Heart Palpitations
__Anxious	__Acne	__Aches/Pains
__Memory Lapse	__Nervousness	
__Depressed		