**ALOHA HEALTH CLINIC**

 **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Alvita Soleil O.M.D., LAc., NCCAOM Doctor of Oriental Medicine (808) 889-0770**

***HISTORY FORM FOR WOMEN***

**NAME\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Are you pregnant? \_\_\_\_ Yes \_\_\_\_ No

Do you do regular breast self-examination? \_\_\_\_\_ Yes \_\_\_\_\_ No

What method of BC are you using? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_How many years? \_\_\_\_\_

Reduced sexual energies? \_\_\_\_\_ Yes \_\_\_\_\_ No Breast lumps \_\_\_\_\_\_\_\_\_\_

Do you have regular PAP tests? Yes\_\_\_ No\_\_\_ How regular?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Number of yeast infections? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Venereal disease \_\_\_\_\_ gonorrhea \_\_\_\_\_ syphilis \_\_\_\_\_ herpes \_\_\_\_\_\_\_\_\_\_\_\_\_other

Changes in body/ psyche prior to menstruation \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**MENSTRUAL:**

Date of last menstrual period \_\_\_\_\_\_\_\_\_\_\_\_\_\_Age started: \_\_\_\_\_\_\_\_\_\_\_\_ Age stop

**Write the number which best describe the intensity of your symptoms 1= Mild 2= Moderate 3= Severe**

\_\_\_\_\_ Irregular \_\_\_\_\_ Regular \_\_\_\_\_ Heavy flow \_\_\_\_\_ Light flow \_\_\_\_Dark \_\_\_\_\_\_ Clots Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_ Heavy clotting \_\_\_\_ Water retention \_\_\_\_ Painful breast \_\_\_\_ Painful period

\_\_\_\_\_\_ Premenstrual Syndrome \_\_\_\_ Headaches \_\_\_\_ Low back ache

**VAGINAL DISCHARGE:**

\_\_\_\_ Liquid Yellow \_\_\_\_ Thick Bad odor \_\_\_\_ White Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**GYNECOLOGICAL OPERATION:**

\_\_\_\_Ovaries \_\_\_\_Uterus \_\_\_\_ Tubes \_\_\_\_Vagina \_\_\_\_ Breast \_\_\_\_Hysterectomy

Others \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PREGNANCY:**

\_\_\_\_Number of children \_\_\_\_ Number of abortions \_\_\_\_ Number of miscarriages

Complications: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 2

**Section A:**

\_\_\_\_Craving for sweets \_\_\_\_Rapid Aging \_\_\_\_Bone Loss \_\_\_\_Low libido \_\_\_\_Excess libido

\_\_\_\_Dislike for intercourse \_\_\_\_Painful Intercourse \_\_\_\_Pelvic soreness

\_\_\_\_Pain associated with genitals

**Section B: Health Check Review for Para menopause and Menopause Women**

*Please review the symptom check list below and indicate any symptoms you are experiencing*

**ESTROGEN DEFICIENT**

\_\_\_\_\_ Hot flashes \_\_\_\_\_Night Sweats \_\_\_\_\_Vaginal Dryness \_\_\_\_\_ Painful intercourse \_\_\_\_\_Irritability \_\_\_\_\_ Sleep Problems  **\_\_\_\_\_\_** Poor Memory  **\_\_\_\_\_** Urinary tract infections

\_\_\_\_\_ Insomnia \_\_\_\_\_ Brain fog \_\_\_\_\_ Fatigue \_\_\_\_\_ Palpitation

 \_\_\_\_ Joint pain \_\_\_\_\_ Dry skin \_\_\_\_\_ Depressed

**ESTROGEN DOMINANT**

\_\_\_\_\_Bleeding Changes \_\_\_\_\_Uterine Fibroids \_\_\_\_\_Water Retention \_\_\_\_\_Tender Breasts

\_\_\_\_\_Increased forgetfulness \_\_\_\_\_\_\_ Foggy Thinking \_\_\_\_\_\_\_\_Tearful \_\_\_\_\_\_\_\_Depressed

\_\_\_\_\_Mood swing

**Symptoms of Excess Estrogen in relationship to progesterone:**

\_\_\_\_Anxiety irritability **\_\_\_\_** Breast tenderness \_\_\_\_Fibrocystic breast **\_\_\_\_**Headache (cyclical)

\_\_\_\_Abnormal bleeding **\_\_\_\_**Water retention **\_\_\_\_**Mood swing **\_\_\_\_**Depression

\_\_\_\_Weight gain **\_\_\_\_** Bloating **\_\_\_\_**PMS

**Risks of High Estrogen or Estrogen/Progesterone Imbalance:**

\_\_\_\_Breast Cancer \_\_\_\_ Blood Clots \_\_\_\_ Heart Disease

\_\_\_\_Stroke \_\_\_\_ Gallbladder Disease \_\_\_\_ Endometrial Cancer

**PROGESTERONE DEFICIENCY:**

\_\_\_\_Infertility/not ovulating **\_\_\_\_**Early miscarriage **\_\_\_\_**Carbohydrate cravings

\_\_\_\_Breast tenderness\_\_\_\_Irregular periods **\_\_\_\_**Ovarian cysts

\_\_\_\_Menstrual cramps **\_\_\_\_**Puffiness/bloating **\_\_\_\_**Water retention

\_\_\_\_Lower body temperature \_\_\_\_ Weight gain \_\_\_\_ Frequent headaches

\_\_\_\_ PMS \_\_\_\_ Trouble getting pregnant \_\_\_\_Sleeping difficulty

**TESTOSTERONE:**

\_\_\_\_Fatigue \_\_\_\_ Muscle loss \_\_\_\_Diminished sex drive

**ADRENALS**

\_\_\_\_\_Stress \_\_\_\_\_Morning Fatigue \_\_\_\_\_Difficulty sleeping \_\_\_\_\_ Anxious

\_\_\_\_\_Decreased stamina \_\_\_\_\_Fibromyalgia \_\_\_\_\_ Allergies \_\_\_\_\_Headaches

\_\_\_\_\_ Sugar cravings \_\_\_\_\_Dizzy spells