**ALOHA HEALTH CLINIC**

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

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***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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Write the number which best describe the intensity of your symptoms***

***1= Mild 2= Moderate 3= Severe***

**MENSTRUAL:**

Date of last menstrual period \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Age started: \_\_\_\_\_\_\_\_\_\_\_\_ Age stop \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Irregular \_\_\_\_\_\_\_\_\_\_\_\_ Regular \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Heavy flow \_\_\_\_\_\_\_\_\_\_\_\_ Light flow \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dark \_\_\_\_\_\_\_\_\_\_\_\_ Clots \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**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*

**LOW ESTROGEN**

\_\_\_\_\_ Hot flashes \_\_\_\_\_Night Sweats \_\_\_\_\_Vaginal Dryness \_\_\_\_\_Incontinence \_\_\_\_\_Irritability \_\_\_\_\_Sleep Problems  **\_\_\_\_\_** Poor Memory  **\_\_\_\_\_** Hot Flashes

**\_\_\_\_\_\_**Night Sweats **\_\_\_\_\_** Insomnia **\_\_\_\_\_** Brain fog **\_\_\_\_\_** Fatigue

**\_\_\_\_\_\_**Palpitation **\_\_\_\_\_** Joint pain **\_\_\_\_\_** Dry skin

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

**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

**LOW PROGESTERONE:**

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

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

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

\_\_\_\_Lower body temperature

**ADRENAL**

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

\_\_\_\_\_Decreased stamina \_\_\_\_\_Fibromyalgia \_\_\_\_\_ Allergies \_\_\_\_\_ Headaches

\_\_\_\_\_Sugar cravings \_\_\_\_\_Dizzy spells