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A Guide to Managing Menopause

This questionnaire can be used as a reference by you and your physician to develop a personalized menopause management plan.

When was your last menstrual period?

- less than 1 year ago 4 to 5 years ago
 1 to 3 years ago greater than 5 years ago

Are you currently on hormone replacement therapy (HRT)?

- yes, less than 1 year yes, greater than 5 years ago
 yes, for 1 to 5 years no, not on HRT

If yes, why do you take HRT? (Check all that apply.)

- to prevent hot flashes to prevent breast cancer
 to help my mood to prevent osteoporosis
 to help me sleep to prevent heart disease

Do you have: (Check all that apply)	Yes	No
Hot flashes		
Night sweats		
Vaginal dryness		
Decreased libido		
Mood changes		
A family history of osteoporosis		
A family history of heart disease		
A personal or family history of breast cancer?		
Have you had a heart attack, stroke, or blood clot?		

What kinds of exercising are you doing? (Check all that apply)

- Weight training Running Yoga
 Tennis Walk Pilates
 Biking Swimming Other

Please check any other treatment options you would like more information on.

- Natural supplements (i.e. soy, black cohosh, dong quoi,) for hot flashes and night sweats
 Antidepressants for hot flashes and night sweats
 Biphosphonates for the prevention of osteoporosis