MENOPAUSE-ZENTRUM MÜNCHEN
Dr. med Harry Tschebiner
Gynäkologie | Prävention | Ästhetik

Dear Patient,

in order to be able to help you with your request, I ask you to fill out this form, print it out, answer the following questions and bring it with you.
"No need to be afraid of the menopause!"

MENOPAUSE-QUESTIONAIRE						
Name:						
Date of birth:						
How old are you?	____	**Last visit at your Gyn?**	_____			
Last menstrual bleeding (month/year)?			_____			
Since when do you have complaints?			_____			
Which kind of symptoms do you have now, which you did not have with 40?			**Severity 1-10**			
Enter symptom severity (0-10) in column A at your first visit and underline which one applies to you.			**A**	**B**	**C**	**D**	**E**
1. Hot flushes, Sweats?							
2. Sleeping disorders (falling asleep / waking up?)							
3. Mood swings, Depression, Anxiety?							
4. Restlessness, Irritability							
5. Heart palpitations							
6. Exhaustion (physically or mentally)							
7. Libido Dysorder (Lack of sexual desire)							
8. Muscle- or Joint problems?							
9. Dry vaginal mucosa							
10. Weight gain							
11. Brainfog							
12. Others:							
Hormone replacement (filled by M.D. only)							
Date (fill in the column)							

Praxis Dr. Tschebiner | Im Nordsternhaus
Nymphenburgerstr. 92 | 80636 München
Tel.: 089 | 129 32 29 | Fax: 089 | 1897 9534
www.dr.tschebiner.de | praxis@dr.tschebiner.de