

HORMONE SYMPTOMS BY CATEGORY

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

Estrogen/Progesterone Deficiency	Estrogen Dominance/Progesterone Deficiency
<input type="checkbox"/> Hot Flashes <input type="checkbox"/> Night Sweats <input type="checkbox"/> Vaginal Dryness <input type="checkbox"/> Foggy thinking <input type="checkbox"/> Memory lapses <input type="checkbox"/> Incontinence <input type="checkbox"/> Tearful <input type="checkbox"/> Depressed <input type="checkbox"/> Sleep disturbances <input type="checkbox"/> Heart palpitations <input type="checkbox"/> Bone loss <input type="checkbox"/> Increased facial hair	<input type="checkbox"/> Rapid aging <input type="checkbox"/> Infertility <input type="checkbox"/> Thinning skin <input type="checkbox"/> Aches and Pains <input type="checkbox"/> Inc. Urinary Urge <input type="checkbox"/> Rapid Heartbeat <input type="checkbox"/> Acne <input type="checkbox"/> weight gain <input type="checkbox"/> Mood Swings (PMS) <input type="checkbox"/> Tender Breasts <input type="checkbox"/> Water retention <input type="checkbox"/> Nervous <input type="checkbox"/> Irritable <input type="checkbox"/> Anxious <input type="checkbox"/> fibrocystic breasts <input type="checkbox"/> Uterine fibroids <input type="checkbox"/> Weight gain-hips <input type="checkbox"/> Bleeding changes <input type="checkbox"/> Headaches <input type="checkbox"/> Cold body temperature

Check which of these symptoms 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
<input type="checkbox"/> Increased facial hair <input type="checkbox"/> Increased body hair <input type="checkbox"/> Loss of scalp hair <input type="checkbox"/> Acne <input type="checkbox"/> Weight Gain <input type="checkbox"/> Irritable	<input type="checkbox"/> Low Libido <input type="checkbox"/> Vaginal dryness <input type="checkbox"/> Fatigue <input type="checkbox"/> Aches/pains <input type="checkbox"/> Memory lapses <input type="checkbox"/> Decreased Stamina <input type="checkbox"/> Incontinence <input type="checkbox"/> Depressed <input type="checkbox"/> Rapid aging <input type="checkbox"/> Decreased muscle mass <input type="checkbox"/> Bone loss <input type="checkbox"/> Thinning skin <input type="checkbox"/> Headaches <input type="checkbox"/> Fibromyalgia <input type="checkbox"/> Allergies

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

Cortisol Excess	Cortisol Deficiency
<input type="checkbox"/> Sleep disturbances <input type="checkbox"/> Bone loss <input type="checkbox"/> Stress <input type="checkbox"/> Weight gain-waist <input type="checkbox"/> Loss of muscle mass <input type="checkbox"/> Thinning skin <input type="checkbox"/> Rapid aging <input type="checkbox"/> High Blood Pressure <input type="checkbox"/> Irritable <input type="checkbox"/> Anxious <input type="checkbox"/> Memory lapse <input type="checkbox"/> Depressed	<input type="checkbox"/> Infertility <input type="checkbox"/> Foggy Thinking <input type="checkbox"/> Nervous <input type="checkbox"/> Night sweats/hot flashes <input type="checkbox"/> Fatigue <input type="checkbox"/> Sugar craving <input type="checkbox"/> Allergies <input type="checkbox"/> Chemical sensitivity <input type="checkbox"/> Stress <input type="checkbox"/> Cold body temperature <input type="checkbox"/> Slow Pulse Rate <input type="checkbox"/> Decreased Stamina <input type="checkbox"/> Fibromyalgia <input type="checkbox"/> Aches/pains <input type="checkbox"/> Low blood pressure <input type="checkbox"/> Low blood sugar

HORMONE SYMPTOMS BY CATEGORY

Check which of these symptoms are troublesome and persist over time. One or more symptoms in this category are a strong indication that you need to test for **Thyroid dysfunction** by testing fT4, fT3, TSH, and TPO

Thyroid Deficiency

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| <input type="checkbox"/> Hearing loss
<input type="checkbox"/> Sad or depressed
<input type="checkbox"/> Decreased Stamina
<input type="checkbox"/> Decreased Libido
<input type="checkbox"/> Weight gain
<input type="checkbox"/> Uterine fibroids
<input type="checkbox"/> Cold Body Temperature
<input type="checkbox"/> Foggy Thinking
<input type="checkbox"/> High cholesterol
<input type="checkbox"/> Night sweats
<input type="checkbox"/> Hot flashes
<input type="checkbox"/> Swelling/puffy eyes/face
<input type="checkbox"/> Hoarseness
<input type="checkbox"/> Slow pulse rate
<input type="checkbox"/> Decreased sweating
<input type="checkbox"/> Fatigue | <input type="checkbox"/> Elevated Triglycerides
<input type="checkbox"/> Hair dry or brittle
<input type="checkbox"/> Nails breaking or brittle
<input type="checkbox"/> Goiter
<input type="checkbox"/> Rapid Heartbeat
<input type="checkbox"/> Loss of scalp hair
<input type="checkbox"/> Sleep disturbances
<input type="checkbox"/> heart palpitations
<input type="checkbox"/> headache
<input type="checkbox"/> Anxiety
<input type="checkbox"/> Infertility problems
<input type="checkbox"/> Constipation
<input type="checkbox"/> Aches/pains
<input type="checkbox"/> Fibromyalgia
<input type="checkbox"/> Bleeding changes |
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Check which of these symptoms are troublesome or persist over time. Two or more symptoms are an indication of **Metabolic Syndrome**, a risk factor for obesity and diabetes.

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| <input type="checkbox"/> High blood pressure
<input type="checkbox"/> Weight gain/waist
<input type="checkbox"/> Elevated triglycerides
<input type="checkbox"/> Increase in facial hair
<input type="checkbox"/> High cholesterol | <input type="checkbox"/> Heart disease or family history of heart disease
<input type="checkbox"/> Diabetes or family history of diabetes
<input type="checkbox"/> Waist size greater than 35 inches
<input type="checkbox"/> Numbness hands/feet |
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