

Welcome to your email consultation with Your Menopause Clinic.

Please complete this form and send it back to support@yourmenopauseclinic.com before your appointment time to allow me to assess your situation effectively.

*Please keep your responses limited to key points as our associate will ask appropriate questions to establish specific details.*

*Additional space is available to add anything else you feel is necessary.*

**Your name:**

**Your age:**

**Ages of any children:**

**Question 1**

Are you currently on HRT?

If yes, please give details including type, dose and length and length of time on regime.

**Question 2**

In brief, please detail your reasons for wanting to speak to me today.

**Question 3**

Have you ever taken the contraceptive pill? How did you respond to this?

**Question 4**

Please list your current symptoms.

**Question 5**

Are you on any non- HRT related medication?

Please outline below.

Any further information you think relevant to your consultation.