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?				
When did you have your last menstrual bleeding (month/year)?				
Since when have you had complaints (month/year)?				
Which kind of symptoms do you have now, which you did not have 5 years ago?	**Severity 1-10**			
Before (A) and after start of treatment (B, C, D)	**A**	**B**	**C**	**D**
1. Hot flushes, Sweats				
2. Sleeping disorders (falling asleep / waking up)				
3. Mood swings, Depression				
4. Restlessness, Irritability				
5. Heart palpitations				
6. Exhaustion (physically / mentally)				
7. Libido Dysorder (Lack of sexual desire)				
8. Muscle- and Joint problems				
9. Dry mucosa (eyes / nose / vagina)				
Date:				

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