



# Menopause Symptom Checklist

It's important to discuss your symptoms with your GP.  
We've developed a questionnaire for you to take with you.

Name

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Tick the appropriate box for each symptom

	YES	NO
Sleep disturbances	<input type="checkbox"/>	<input type="checkbox"/>
Difficulty concentrating	<input type="checkbox"/>	<input type="checkbox"/>
Brain fog/forgetfulness	<input type="checkbox"/>	<input type="checkbox"/>
Hot flushes	<input type="checkbox"/>	<input type="checkbox"/>
Night sweats	<input type="checkbox"/>	<input type="checkbox"/>
Irregular periods	<input type="checkbox"/>	<input type="checkbox"/>
Low libido	<input type="checkbox"/>	<input type="checkbox"/>
Sudden mood changes	<input type="checkbox"/>	<input type="checkbox"/>
Unexplained weight gain	<input type="checkbox"/>	<input type="checkbox"/>
Fatigue	<input type="checkbox"/>	<input type="checkbox"/>
Vaginal dryness or soreness	<input type="checkbox"/>	<input type="checkbox"/>
Headaches or migraines	<input type="checkbox"/>	<input type="checkbox"/>
Feeling dizzy or faint	<input type="checkbox"/>	<input type="checkbox"/>
Muscle and joint aches/pains	<input type="checkbox"/>	<input type="checkbox"/>
Frequent and sudden urges to urinate	<input type="checkbox"/>	<input type="checkbox"/>
Loss of interest in most things (especially those you used to love)	<input type="checkbox"/>	<input type="checkbox"/>

If you experience any of the above symptoms, you may benefit from a GP referral to Dr Lanziz Homar. The TOAG team provides compassionate and tailored care to women of all ages.

## For the Doctor

This questionnaire is intended as a guide only. If in your professional opinion, you think the patient would benefit from seeing a gynaecologist, refer via online form, fax or Medical-Objects and we'll take care of the rest.

## Dr Lanziz Homar

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