



Use this tool to assist you in discovering which Wellness Program is the best option for you.

Simply go through each section and check each symptom you are experiencing.

Once complete we can guide you to the Wellness Program that would be best.

HORMONE SYMPTOMS –FEMALE

- | | | |
|--|---|--|
| <input type="checkbox"/> Acne | <input type="checkbox"/> Mood swings | <input type="checkbox"/> Water retention |
| <input type="checkbox"/> Breasts-fibrocystic | <input type="checkbox"/> Tearful | <input type="checkbox"/> Weight gain-hip |
| <input type="checkbox"/> Breasts-tender | <input type="checkbox"/> Urinary urge increased | |
| <input type="checkbox"/> Incontinence | <input type="checkbox"/> Vaginal dryness | |

STRESS SYMPTOMS-FEMALE

- | | | |
|---|--|--|
| <input type="checkbox"/> Blood pressure high | <input type="checkbox"/> Goiter | <input type="checkbox"/> Sugar cravings |
| <input type="checkbox"/> Blood pressure low | <input type="checkbox"/> Hair-dry or brittle | <input type="checkbox"/> Sweating decreased |
| <input type="checkbox"/> Blood sugar low | <input type="checkbox"/> Hearing loss | <input type="checkbox"/> Swelling or puffy eyes/face |
| <input type="checkbox"/> Chemical sensitivity | <input type="checkbox"/> Hoarseness | |
| <input type="checkbox"/> Cholesterol high | <input type="checkbox"/> Nails-breaking or brittle | |
| <input type="checkbox"/> Constipation | <input type="checkbox"/> Numbness-feet or hands | |
| | <input type="checkbox"/> Pulse rate slow | |

BOTH HORMONE AND STRESS RELATED SYMPTOMS-FEMALE

- | | | | |
|--|--|--|---|
| <input type="checkbox"/> Aches & pains | <input type="checkbox"/> Fatigue-evening | <input type="checkbox"/> Hot flashes | <input type="checkbox"/> Rapid aging |
| <input type="checkbox"/> Allergies | <input type="checkbox"/> Fatigue-morning | <input type="checkbox"/> Infertility | <input type="checkbox"/> Rapid heartbeat |
| <input type="checkbox"/> Anxious | <input type="checkbox"/> Fibromyalgia | <input type="checkbox"/> Irritable | <input type="checkbox"/> Skin thinning |
| <input type="checkbox"/> Bleeding changes | <input type="checkbox"/> Foggy thinking | <input type="checkbox"/> Libido decreased | <input type="checkbox"/> Sleep disturbed |
| <input type="checkbox"/> Body temperature cold | <input type="checkbox"/> Hair-increased facial or body | <input type="checkbox"/> Memory lapse | <input type="checkbox"/> Stamina decreased |
| <input type="checkbox"/> Bone loss | <input type="checkbox"/> Hair-scalp loss | <input type="checkbox"/> Muscle size decreased | <input type="checkbox"/> Triglycerides elevated |
| <input type="checkbox"/> Breast cancer | <input type="checkbox"/> Headaches | <input type="checkbox"/> Nervous | <input type="checkbox"/> Uterine fibroids |
| <input type="checkbox"/> Depressed | <input type="checkbox"/> Heart palpitations | <input type="checkbox"/> Night sweats | <input type="checkbox"/> Weight gain-waist |