The Peri HQ
Medical Checklist

By preparing the key information your doctor is likely to ask for, this checklist helps you feel more at ease and able to focus on your symptoms and what really matters to you, ensuring you cover all important concerns and receive the most appropriate care.

About You

- Your age
- Date of last period
- Current birth control or hormone treatment

Menstrual history

- Age of first period
- Any history of PCOS, endometriosis, fibroids, or irregular cycles?
- Information about your cycle: frequency / duration / flow

Changes in period and irregularities

- ☐ Irregular periods (longer or shorter cycles)
- ☐ Heavier bleeding than usual
- ☐ Lighter bleeding than usual
- ☐ Bleeding between periods
- ☐ Periods lasting longer than usual
- ☐ Periods stopping for months then returning
- ☐ Other:

Family History

- Mother's age at menopause
- Family history of:

- ☐ Early menopause (before age 40)
- ☐ Breast cancer
- ☐ Ovarian cancer
- ☐ Osteoporosis
- ☐ Heart disease
- ☐ Blood clots
- ☐ Other:

Lifestyle

- **Smoking:** *never / former / current (number of cigarettes per day)*
- **Alcohol consumption:** *number of drinks per week*
- **Exercise frequency:** *number of times per week*
- **Stress level (1-10):**
- **Sleep quality:** *good / fair / poor*
- **Diet concerns:** allergies or intolerances

Medical history

Medical conditions

- ☐ Diabetes
- ☐ High blood pressure
- ☐ High cholesterol
- ☐ Thyroid problems
- ☐ Autoimmune conditions
- ☐ Mental health conditions
- ☐ Bone density issues
- ☐ Other:

- List of all medications, vitamins, and supplements you're taking:
- List of past surgeries you had

Previous pregnancies & gynecological history

- ☐ Previous pregnancies / births / miscarriages?
- ☐ Any pregnancy complications?
- ☐ Previous gynecological surgeries?
- ☐ History of PCOS, endometriosis, or fibroids?
- ☐ Previous abnormal pap smears (when and what happened)

Current symptoms

Tick any that apply and note how often/severe they are:

Physical symptoms

- ☐ Acne
- ☐ Breast tenderness
- ☐ Decreased libido/sex drive
- ☐ Dry skin
- ☐ Fatigue or low energy
- ☐ Hair thinning or loss
- ☐ Headaches (new or worsening)
- ☐ Hot flashes: *number per day/week*
- ☐ Joint aches and pains
- ☐ Night sweats
- ☐ Pain during intercourse
- ☐ Sleep disturbances/insomnia
- ☐ Urine urgency
- ☐ Vaginal dryness
- ☐ Weight gain
- ☐ Other:

Emotional symptoms

- ☐ Mood swings
- ☐ Irritability or anger
- ☐ Anxiety (new or worsening)
- ☐ Depression or sadness
- ☐ Increased sensitivity to stress
- ☐ Feeling overwhelmed
- ☐ Other:

Cognitive symptoms

- ☐ Memory lapses or "brain fog"
- ☐ Issues with organising thoughts
- ☐ Difficulty concentrating
- ☐ Trouble finding words
- ☐ Reduced mental clarity
- ☐ Challenges with multitasking
- ☐ Other: