Questions to ask your provider about Perimenopause

Use this worksheet to guide your appointment and take notes on your doctor's responses. Prior to meeting with your doctor, try using these preparation tips:

- Track your symptoms ahead of time.
- Bring a list of medications and supplements.
- Note any patterns in mood, sleep, cycles, or energy.

1. ***Which of my symptoms are likely due to perimenopause versus another condition?***
2. ***Could this be something else (nutritional deficiencies, PCOS, anemia, etc.)?***
3. ***What tests will help confirm perimenopause (e.g., FSH, estradiol)? How reliable are they?***
4. ***What baseline tests should I have (hormones, thyroid panel, lipid, bone density)?***
5. ***How often should I follow up and repeat these tests?***
6. ***If I have hypothyroidism does this change the type of tests I will need? How does my thyroid medication impact my menopausal hormone fluctuations?***
7. ***What are the benefits and risks of hormone therapy (HRT/MHT) for me?***
8. ***If HRT isn't a good fit, what non-hormonal alternatives exist (SSRIs/SNRIs, CBT, supplements)?***
9. ***Can I combine thyroid medication with HRT safely?***
10. ***Are supplements like vitamin D, calcium, B-vitamins, or magnesium helpful—and safe for me? Are there other nutrient levels I should supplement or test for?***

TAKING STOCK

Which of the following symptoms do you experience?

	YES	NO
Do you experience heavy menstruation?		
Do you suffer from headaches or migraines before your period?		
Do you have lumpy or tender breasts, especially during your period?		
Do you experience bloating or water retention?		
Do you experience feelings of depression or anxiety?		
Do you experience hot flashes or night sweats?		
Do you feel emotionally triggered?		
Do you have trouble focusing sometimes or experience brain fog?		
Have you experienced vaginal dryness, or painful intercourse?		
Do you have less drive or motivation?		
Do you experience PMS?		
Do you have low libido?		
Are you exhausted in the middle of the day or in the morning?		
Do you have a difficult time falling asleep at night?		
Do you have difficulty staying asleep?		
Do you experience mid-afternoon or late night sugar cravings?		
Do you need caffeine to function during the day?		

List Additional Symptoms / Patterns

(Sleep, mood, cycle, energy etc.)

List Medications / Supplements

Medication / Supplement	Dosage	Purpose