

APPOINTMENT PREPARATION CHECKLIST

Use this before an appointment to organise the symptoms, priorities, medicines and questions that matter most to you.

1. MY MAIN CONCERN

- ☐ Hot flashes / night sweats
- ☐ Sleep / fatigue
- ☐ Vaginal / urinary symptoms
- ☐ Mood / anxiety
- ☐ Sexual health / low desire
- ☐ Weight / body composition
- ☐ Other: _____

2. WHAT CHANGED?

When did this begin? _____

How often does it happen? _____

What has changed in daily life? _____

What is the hardest part right now? _____

3. MEDICINES + SUPPLEMENTS

Prescription medicines: _____

Over-the-counter products: _____

Supplements / creams / online products: _____

Allergies / previous reactions: _____

4. MY PRIORITY

The improvement that would matter most to me is:

5. QUESTIONS TO ASK

- ☐ What makes menopause the likely explanation?
- ☐ What else could cause this?
- ☐ What would this treatment improve?
- ☐ What are the main risks for someone with my history?
- ☐ What should I monitor?
- ☐ When should we review whether it helped?
- ☐ What are the alternatives if it does not suit me?

6. FOLLOW-UP PLAN

Who follows up? _____

When? _____

What should make me contact someone sooner? _____

Bring this checklist, plus photos of medicine and supplement labels if useful. It is a conversation aid, not a diagnosis or treatment plan.