# Female Hormone Health Profile™

**Perimenopause, Menopause or Postmenopause Evaluation**

Including analysis of Menopause Type®, Fluctuation Index™, Anthropometrics, Correlative Interpretation & more.


**Any E. Female**
14 Life Lane
Wellville, IA 52404 USA


DOB: 1/1/56
Sex: Female

Reporting Date: 4/27/2011
Collection Dates: 1 04/12/11 2 04/14/11 3 04/16/11 YMT ID: DOKJOE

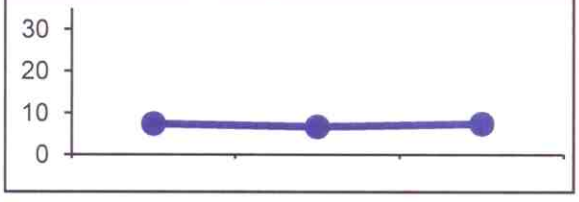

**Joe Doktor NMD**
**Health Place**
24 Health Place Lane
Wellville, IA 52404 USA
Lab ID: 999999


**Section One:** The Results

## Lab Data (Salivary Levels of Estradiol, Progesterone & Testosterone)

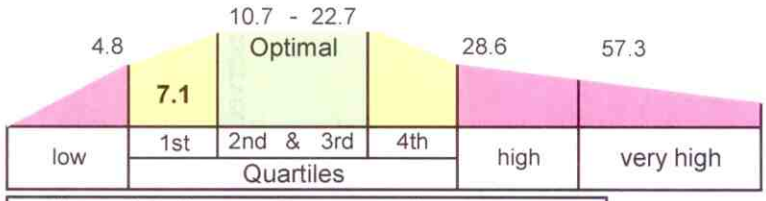
### Estradiol (pMol/L)

| Specimen # | #1 | #2 | #3 |
|---|---|---|---|
| Results | 7.3 | 6.6 | 7.3 |




**Estradiol Fluctuation Index™:** 5%

**Estradiol Average Levels = 7.1**

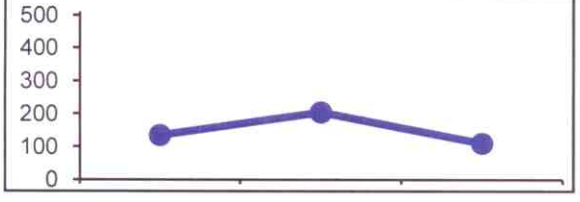



**Normal Reference Range:** 4.8 - 28.6 pMol/L
**Optimal Reference Range:** 10.7 - 22.7 pMol/L

Average: **7.1** Quartile: 1 50th %: 16.7
Percentile: 10% Stand. Dev.: 0.3 200th%: 57.2676
FI: 5 Count: 3

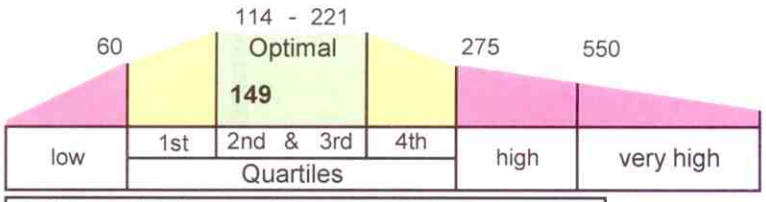
### Progesterone (pMol/L)

| Specimen # | #1 | #2 | #3 |
|---|---|---|---|
| Results | 134 | 204 | 109 |




**Progesterone Fluctuation Index™:** 27%

**Progesterone Average Levels = 149**

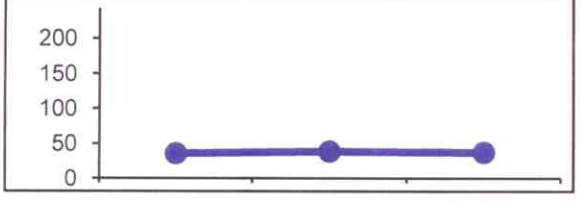



**Normal Reference Range:** 60 - 275 pMol/L
**Optimal Reference Range:** 114 - 221 pMol/L

Average: **149** Quartile: 2 50th %: 168
Percentile: 41% Stand. Dev.: 40.02 200th%: 550
FI: 27 Count: 3

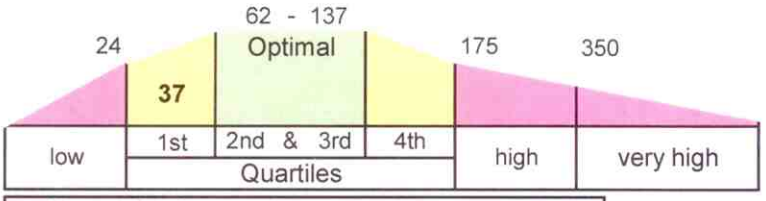
### Testosterone (pMol/L)

| Specimen # | #1 | #2 | #3 |
|---|---|---|---|
| Results | 36 | 39 | 37 |




**Testosterone Fluctuation Index™:** 3%

**Testosterone Average Levels = 37**




**Normal Reference Range:** 24 - 175 pMol/L
**Optimal Reference Range:** 62 - 137 pMol/L

Average: **37** Quartile: 1 50th %: 100
Percentile: 9% Stand. Dev.: 1.13 200th%: 350
FI: 3 Count: 3

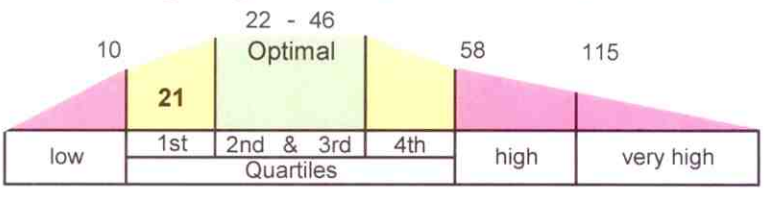
### P:E Ratio

| Specimen # | #1 | #2 | #3 |
|---|---|---|---|
| Results | 18 :1 | 31 :1 | 15 :1 |

**Normal Reference Range:** 10 - 58
**Optimal Reference Range:** 22 - 46

Average: 21.3 Quartile: 1 50% 34
Percentile: 24% Stand. Dev.: 6.87 200% 115
FI: 32 Count: 3

**Average Progesterone to Estradiol Ratio = 21**




**Your Menopause Type® is Type 5 based on Optimal Reference Range interpretation of lab tests.**
Your Menopause Type® is Type 1 Based on "Normal" Reference Range Interpretation of Lab Tests.

Normal Reference Range values are based on the unstimulated physiological baseline follicular values.

Hormone levels inside the **OPTIMAL** range are most advantageous for enhanced quality of life and decreased risk of disease.
**THE INTERPRETIVE TEXT WILL BE BASED ON THE OPTIMAL RANGE.**

## Female Hormone Health Profile ™

YMT ID: **ROTKAR**

Name: _____ Date of Birth: _____ Date: _____

Address: _____ City: _____ State: _____ Zip: _____

**NOTE: Place an "X" after a question if the answer is "yes" to that question, or any question in that group. If the answer to all is "no" leave the space blank.**

### SECTION A

1. Are you having hot flashes or night sweats, or both? ___
2. Are you feeling more depressed? Are you more withdrawn or isolated? Do you feel periods of hopelessness? Do you feel apathetic? ___
3. Do you feel a loss of energy? Do you feel more fatigued? ___
4. Do you feel less receptive to sex? Do you feel less sensual? Do you feel that your sex drive is diminished? ___
5. Are you having increased vaginal pain, dryness or itching? ___
6. Are you having insomnia, difficulty falling to sleep or difficulty staying asleep? ___
7. Are you having trouble with your memory? Do you feel like you are having more trouble remembering names? Are you more forgetful? ___
8. Is your mood low, less upbeat, less positive or less outgoing? Are you having less "good moods' and times of joy? Do you find yourself caring less about things that used to matter to you? ___
9. Are you having trouble controlling your urine? Do you have to go more often? Do you spill urine when you cough or sneeze? ___
10. Do you feel as if your perception is weakening, that it takes you longer to notice things? Are you having trouble thinking of the right word when speaking or writing? Do you feel your mental skills are diminishing? ___

### SECTION B

1. Are you having more aches and pain? Are you starting to get arthritis? ___
2. Are you having more spotting or break-through bleeding? Have you been told you have Dysfunctional Uterine Bleeding? ___
3. Do you seem to be getting more inflammations and swellings? ___
4. Are your allergies or asthma getting worse, or are you developing new allergies or asthma? ___
5. Do you feel like you are having more twitches and spasms? ___
6. Are you experiencing times of mental fogginess, or trouble thinking clearly? ___
7. Are you having more mood swings? ___
8. Do you feel more fatigued? Are you more tired in the morning? ___
9. Are you more irritable? Do you have more nervous tension? ___
10. Are you experiencing more anxiety? Do you feel more anxious? ___

### SECTION C

1. Do you feel less motivated in general? Do you feel less assertive? ___
2. Is your libido lessened? Are you having less sexual fantasies or less desire? Are you less likely to become sexually aroused? Are you less pleased with sex? ___
3. Are you feeling less composed and in control? ___
4. Are you less energetic? ___
5. Are you anemic, or think you are anemic? ___
6. Are you feeling more irritable? ___
7. Do you have less muscle strength? Do you feel weaker? ___
8. Are you having more trouble with mental skills requiring logic and problem solving? Are you having trouble focusing and maintaining your attention? ___
9. Is your memory weakening? Are you having more trouble remembering things and events? ___
10. Do you feel more depressed? Is you mood low, less confident? Are you feeling frightened or afraid? ___

### SECTION D

1. Are you noticing more wrinkles around your mouth and eyes? Do you have poor skin tone on you arms legs or hands? Has the skin lost its firmness or fullness? ___
2. Do you feel more depressed? ___
3. Do you feel more fatigue in general? ___
4. Are you having more headaches? ___
5. Are you over 45 years old? ___

### SECTION E

1. Do your breasts feel as if they are shrinking and sagging? ___
2. Are you experiencing more confusion? ___
3. Are you experiencing more morning fatigue? ___
4. Do you cry more easily, or more often? ___
5. Are your hands or feet colder? ___

### SECTION F

1. Is your libido less than it used to be? ___
2. Is your pubic hair thinning? ___
3. Do you feel less motivation, less assertive, less confident? Have you lost your competitive edge? ___
4. Are you gaining more fat weight? Do you feel less lean? ___
5. Are you having more low back pain or hip pain? Do you feel more joint pain? Are you having more headaches? ___

### SECTION G

1. Are you developing more facial Hair (hirsutism)? ___
2. Is your voice changing and becoming deeper or less feminine? ___
3. Are you having trouble tolerating sugars and carbohydrates? ___
4. Are you developing or having increased acne? ___
5. Do you feel more hostile, angry, agitated or aggressive? ___

**Please Fill Out the Medication and Supplement Survey, Included in the Menopause Type® Wellness Kit.**

| Please Accurately Provide The Following Information: | Height | Weight | Waist | Hip | Weight at 18 years old |
|---|---|---|---|---|---|
| | | | | | |
| | inches | pounds | inches | inches | pounds |