

Name _____ Date of birth _____

HORMONE IMBALANCE – THYROID | Please check all that applies

I have trouble losing weight

I have cold hands and feet

I have dry skin

I am sensitive to the cold

I have muscle pain, fatigue or weakness

My concentration and/or memory are poor

I have poor moods and am apathetic

I have constipation

I have reduced sex drive

I have low blood pressure and heart rate

I have a family history of thyroid problems

I have a family history autoimmune disease, (multiple sclerosis, allergies, rheumatoid, arthritis, etc)

The outer third of my eyebrow is thinning

I am fatigued especially in the morning

I retain fluid

I have thick skin and fingernails