

# Hormone Replacement Therapy Evaluation

## Patient Information

Full Name

Date of Birth

Sex Assigned at Birth

Current Gender Identity

## Medical History

Relevant Medical History

Allergies

Current Medications

## Symptoms & Indications

Symptoms or Reasons for HRT

Duration of Symptoms

Previous HRT Use

## Medical Evaluation

Vitals

Relevant Lab Results

Physical Exam Findings

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Assessment & Plan

Assessment

Plan (including HRT regimens discussed, risks/benefits, next steps)

Follow-up Recommendations