



TIER 1
HEALTH AND WELLNESS
 Tier1HW.com

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Female Health & Wellness Follow Up Visit

Name: _____ Date: _____

Have your symptoms improved, deteriorated or remained the same since your last visit?(circle below)
 If your symptoms have changed since your last visit, please explain: _____

Please check the boxes below completely

	None	Mild	Mod	Severe
Mental fogginess				
Increase of breast size				
Impatient, snappy behavior				
Pelvic cramps				
Nausea				
Flabbiness and muscular weakness				
Loss of hair				
Lack of energy and stamina				
Loss of coordination and balance				
Decreased sex drive				
Decreased hair (armpit, pubic, body)				
Harder to reach climax				
Pain with sexual activity				
Decreased muscle strength				
Fibromyalgia				
Water Retention				
Forgetfulness				

