

# USING SYMPTOMS TO DETERMINE WHICH HORMONES TO TEST IN SALIVA

## *For Females*

Check which of these symptoms are troublesome and persist over time. Two or more symptoms are an indication that testing BOTH **Estradiol** and **Progesterone** is recommended. These can be selected at the bottom of the testing Requisition Form.

<input type="checkbox"/> Hot flashes	<input type="checkbox"/> Heart palpitations	<input type="checkbox"/> Irritable	<input type="checkbox"/> Cystic ovaries
<input type="checkbox"/> Night sweats	<input type="checkbox"/> Bone loss	<input type="checkbox"/> Anxious	<input type="checkbox"/> Heavy menses
<input type="checkbox"/> Vaginal dryness	<input type="checkbox"/> Headaches	<input type="checkbox"/> Fibrocystic breasts	<input type="checkbox"/> Sugar cravings
<input type="checkbox"/> Foggy thinking	<input type="checkbox"/> Mood swings (PMS)	<input type="checkbox"/> Uterine fibroids	<input type="checkbox"/> Elevated triglycerides
<input type="checkbox"/> Memory lapses	<input type="checkbox"/> Tender breasts	<input type="checkbox"/> Weight gain	<input type="checkbox"/> Decreased libido
<input type="checkbox"/> Tearful	<input type="checkbox"/> Water retention	<input type="checkbox"/> Bleeding changes	<input type="checkbox"/> Cold body temp.
<input type="checkbox"/> Depressed	<input type="checkbox"/> Sleep disturbances	<input type="checkbox"/> Incontinence	

Check which of these symptoms are troublesome and persist over time. Two or more symptoms are an indication that testing **Testosterone** and **DHEA-S** is recommended. Either of these can be selected at the bottom of the testing Requisition Form.

<input type="checkbox"/> Increased facial hair	<input type="checkbox"/> Ovarian cysts	<input type="checkbox"/> Aches and pains	<input type="checkbox"/> Decreased muscle mass
<input type="checkbox"/> Increased body hair	<input type="checkbox"/> Elevated triglycerides	<input type="checkbox"/> Memory lapses	<input type="checkbox"/> Heart palpitations
<input type="checkbox"/> Loss of scalp hair	<input type="checkbox"/> Sleep disturbances	<input type="checkbox"/> Foggy thinking	<input type="checkbox"/> Headaches
<input type="checkbox"/> Acne	<input type="checkbox"/> Decreased libido	<input type="checkbox"/> Incontinence	<input type="checkbox"/> Fibromyalgia
<input type="checkbox"/> Oily skin	<input type="checkbox"/> Vaginal dryness	<input type="checkbox"/> Depressed	<input type="checkbox"/> Nervous
<input type="checkbox"/> Irritable	<input type="checkbox"/> Fatigue	<input type="checkbox"/> Bone loss	<input type="checkbox"/> Thinning skin
<input type="checkbox"/> Anxious			

Check which of these symptoms are troublesome and persist over time. Two or more symptoms are an indication that testing **Cortisol** for adrenal imbalance is recommended. This can be selected at the bottom of the testing Requisition Form.

<input type="checkbox"/> Fatigue	<input type="checkbox"/> Anxious	<input type="checkbox"/> Hair loss	<input type="checkbox"/> Chemical sensitivity
<input type="checkbox"/> Weight gain-waist	<input type="checkbox"/> Memory lapses	<input type="checkbox"/> Increased facial hair	<input type="checkbox"/> Stress
<input type="checkbox"/> Decreased muscle mass	<input type="checkbox"/> Depressed	<input type="checkbox"/> Increased body hair	<input type="checkbox"/> Cold body temp.
<input type="checkbox"/> Thinning skin	<input type="checkbox"/> Heart palpitations	<input type="checkbox"/> Acne	<input type="checkbox"/> Irritable
<input type="checkbox"/> Elevated triglycerides	<input type="checkbox"/> Headaches	<input type="checkbox"/> Sugar cravings	<input type="checkbox"/> Increased joint pain
<input type="checkbox"/> Sleep disturbances	<input type="checkbox"/> Decreased libido	<input type="checkbox"/> Allergies	<input type="checkbox"/> Aches and pains

NOTE: For those with more than two symptoms (above) of adrenal imbalance, testing of **Adrenal Function** – 4 cortisol collections plus DHEA-S – over the course of one day (morning, noon, evening, bedtime), is recommended. Those with moderate symptoms may want to test **AM/PM Cortisol** (Cx2). Either of these can be selected at the bottom of the testing Requisition Form.

Those with symptoms in all categories may want to test **Hormone Profile I** or **Hormone Profile II**. If there is a history of Breast Cancer, **Hormone Profile II** is recommended. Either of these can be selected at the bottom of the testing Requisition Form.

# USING SYMPTOMS TO DETERMINE WHICH HORMONES TO TEST IN SALIVA

## *For Males*

Check which of these symptoms are troublesome and persist over time. Two or more symptoms are an indication that testing **Estradiol** and **Progesterone** is recommended. Either of these can be selected at the bottom of the testing Requisition Form.

- |   |   |   |   |
|---|---|---|---|
| <input type="checkbox"/> Hot flashes    | <input type="checkbox"/> Apathy               | <input type="checkbox"/> Nervous            | <input type="checkbox"/> Decreased libido |
| <input type="checkbox"/> Night sweats   | <input type="checkbox"/> Prostate problems    | <input type="checkbox"/> Sleep disturbances | <input type="checkbox"/> Irritable        |
| <input type="checkbox"/> Foggy thinking | <input type="checkbox"/> Decreased urine flow | <input type="checkbox"/> Fatigue            | <input type="checkbox"/> Anxious          |
| <input type="checkbox"/> Bone loss      | <input type="checkbox"/> Increased urinary    | <input type="checkbox"/> Headaches          | <input type="checkbox"/> Weight gain-hips |
| <input type="checkbox"/> Depressed      | <input type="checkbox"/> urge                 |   |   |

Check which of these symptoms are troublesome and persist over time. Two or more symptoms are an indication that testing **Testosterone** and **DHEA-S** is recommended. Either of these can be selected at the bottom of the testing Requisition Form.

- |  |   |   |   |
|--|---|---|---|
| <input type="checkbox"/> Decreased libido      | <input type="checkbox"/> Prostate problems    | <input type="checkbox"/> Decreased muscle     | <input type="checkbox"/> Burned out feeling |
| <input type="checkbox"/> Decreased erections   | <input type="checkbox"/> Decreased mental     | <input type="checkbox"/> mass                 | <input type="checkbox"/> Acne               |
| <input type="checkbox"/> Fatigue               | <input type="checkbox"/> sharpness            | <input type="checkbox"/> Thinning skin        | <input type="checkbox"/> Oily skin          |
| <input type="checkbox"/> Aches and pains       | <input type="checkbox"/> Increased joint pain | <input type="checkbox"/> Decreased stamina    | <input type="checkbox"/> Aggression         |
| <input type="checkbox"/> Foggy thinking        | <input type="checkbox"/> Depressed            | <input type="checkbox"/> Decreased urine flow | <input type="checkbox"/> Irritable          |
| <input type="checkbox"/> Decreased flexibility | <input type="checkbox"/> Sleep disturbances   | <input type="checkbox"/> Increased urinary    | <input type="checkbox"/> Anxious            |
| <input type="checkbox"/> Heart palpitations    | <input type="checkbox"/> Bone loss            | <input type="checkbox"/> urge                 | <input type="checkbox"/> Nervous            |

Check which of these symptoms are troublesome and persist over time. Two or more symptoms are an indication that testing **Cortisol** for adrenal imbalance is recommended. This can be selected at the bottom of the testing Requisition Form.

- |   |   |  |  |
|---|---|--|--|
| <input type="checkbox"/> Fatigue                | <input type="checkbox"/> Anxious            | <input type="checkbox"/> Hair loss             | <input type="checkbox"/> Chemical sensitivity  |
| <input type="checkbox"/> Weight gain-waist      | <input type="checkbox"/> Memory lapses      | <input type="checkbox"/> Increased facial hair | <input type="checkbox"/> Stress                |
| <input type="checkbox"/> Decreased muscle       | <input type="checkbox"/> Depressed          | <input type="checkbox"/> Increased body hair   | <input type="checkbox"/> Cold body temperature |
| <input type="checkbox"/> mass                   | <input type="checkbox"/> Heart palpitations | <input type="checkbox"/> Acne                  | <input type="checkbox"/> Increased joint pain  |
| <input type="checkbox"/> Thinning skin          | <input type="checkbox"/> Headaches          | <input type="checkbox"/> Sugar cravings        | <input type="checkbox"/> Aches/pains           |
| <input type="checkbox"/> Elevated triglycerides | <input type="checkbox"/> Decreased libido   | <input type="checkbox"/> Allergies             | <input type="checkbox"/> Irritable             |
| <input type="checkbox"/> Sleep disturbances     |   |  |  |

**NOTE:** For those with more than two symptoms (above) of adrenal imbalance, testing of **Adrenal Function** – 4 cortisol collections plus DHEA-S – over the course of one day (morning, noon, evening , bedtime), is recommended. Those with moderate symptoms may want to test **AM/PM Cortisol** (Cx2). Either of these can be selected at the bottom of the testing Requisition Form.

Those with symptoms in all categories may want to test **Hormone Profile I** or **Hormone Profile II**. If there is a history of Breast Cancer, **Hormone Profile II** is recommended. Either of these can be selected at the bottom of the testing Requisition Form.