

The Doctor Visit *Prep Checklist*

Walk in prepared. Walk out heard.

Most appointments give you 15 minutes or less. That's not a lot of time to explain months of 3am wake-ups, brain fog, and cycles that have gone rogue. **Clear, specific information is what gets taken seriously** — so let's get it on paper before you walk in. Fill this out over the 2–4 weeks before your visit, then bring it with you.

Midlife Mood Co. is not a medical provider. This checklist is for education and preparing for your visit; it is not medical advice or a substitute for care from a licensed clinician.

PART 1 — BEFORE THE VISIT

01 Track Your Symptoms

Be specific. "I'm tired" is easy to brush off. "I wake at 3am four nights a week and can't get back to sleep" is not. Rate severity 1 (mild) to 10 (stopping me in my tracks).

SYMPTOM	HOW OFTEN	SEVERITY 1–10	HOW IT AFFECTS MY DAILY LIFE

Common ones to consider: hot flashes · night sweats · sleep changes · mood shifts, anxiety, irritability · brain fog · heavier or irregular periods · joint aches · low libido · vaginal dryness · heart palpitations · headaches

02 Your Cycle

Changes in your cycle are one of the clearest signals of perimenopause — and one of the most useful things your doctor can hear.

First day of last period: _____

Typical cycle length (days): _____

Cycle length a few years ago: _____

Changes I've noticed:

- ☐ Shorter cycles ☐ Longer cycles
☐ Skipped periods ☐ Heavier bleeding
☐ Spotting between ☐ Worse PMS

03 Medications & Supplements

Include everything: prescriptions, over-the-counter, birth control, vitamins, herbal products, sleep aids. Some can cause or mask symptoms — your doctor needs the full picture.

NAME	AMOUNT & HOW OFTEN	WHAT I TAKE IT FOR

04 Family History

Your family's health history shapes which options and screenings make sense for you. Ask relatives if you can — check any that apply and note who.

- | | |
|--|--|
| ☐ Early menopause (before 45) — age: ____ | ☐ Blood clots |
| ☐ Heart disease or stroke | ☐ Type 2 diabetes |
| ☐ Breast, ovarian, or uterine cancer | ☐ Thyroid conditions |
| ☐ Osteoporosis or broken hips | ☐ Depression or anxiety |

Notes (who, at what age): _____

05 My Top 3 Concerns

If you only get to talk about three things, which ones matter most? Lead with these — before the doctor's hand is on the door handle.

1 _____

2 _____

3 _____

What I'd like to leave with today: _____

- | | |
|---|---|
| ☐ This checklist, filled in | ☐ Your written questions (next page) |
| ☐ Your symptom notes or tracker | ☐ Pen and notebook, or a notes app |
| ☐ Medication & supplement list (or the bottles) | ☐ A support person, if you'd like one |
| ☐ Recent lab results or records from other providers | ☐ Your calendar, for booking follow-ups |
| ☐ Insurance card and photo ID | ☐ Snack + water — waiting rooms are long |

Questions *Worth* Asking

Tick the ones you want to cover, and add your own. You don't need to ask them all — just the ones that matter to you.

- ☐ Could my symptoms be related to perimenopause?
 - ☐ What else could be causing this — thyroid, iron, vitamin levels, medications — and how do we rule it out?
 - ☐ Are there tests that would be helpful for me? What can they tell us, and what can't they?
(Hormone levels swing a lot in perimenopause, so one blood test often can't confirm or rule it out on its own.)
 - ☐ What are my treatment options — both hormonal and non-hormonal?
 - ☐ Am I being prescribed hormonal contraception or menopausal hormone therapy, and why is this the best option for my symptoms?
 - ☐ What are the benefits and risks of each option for me, given my health and family history?
 - ☐ Which screenings should I be keeping up with at this stage (bone, heart, breast, etc.)?
 - ☐ When should we follow up, and what changes should make me call sooner?
 - ☐ If this isn't your area, can you refer me to someone who specializes in menopause?
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HORMONES, DECODED

Know What You're Being Offered

"Hormones" can mean very different things. Birth control and menopausal hormone therapy are often lumped together, and "bioidentical" muddies the water further. They're different tools, built for different jobs.

PREVENTS PREGNANCY

Hormonal birth control

Synthetic hormones at **higher doses** than menopause therapy, designed to **stop ovulation**.

In perimenopause it's sometimes used for **cycle control** or **contraception**. Pregnancy is still possible until you've reached menopause.

REPLACES WHAT'S DECLINING

Menopausal hormone therapy (MHT, often called HRT)

Lower doses, meant to replace the estrogen your ovaries are making less of. If you have a uterus, **progesterone** (or a progestin) is added to protect its lining.

FDA-approved options include **body-identical estradiol** and **micronized progesterone**.

READ THE LABEL

"Bioidentical" / BHRT

A **marketing term**, not a medical category. FDA-approved body-identical products exist and are made to consistent standards.

Custom compounded BHRT isn't FDA-regulated for consistency, and major menopause societies advise caution.

It's completely fine to ask *"Which one am I getting, and why is it the right fit for me?"* The best option depends on your symptoms, your health history, and what you want out of treatment.

Educational only, not medical advice. Your clinician can help you decide what's right for you.

Say It *Clearly*

Nerves and a ticking clock make it easy to lose your train of thought. Borrow these lines, or make them your own.

A SHORT SCRIPT FOR BEING HEARD

TO OPEN THE APPOINTMENT

"I've been tracking my symptoms for the past few weeks and I've brought notes. The three things affecting my life most are ____, ____, and ____. I'd like us to talk about whether perimenopause could be part of this."

TO MAKE THE IMPACT CLEAR

"This isn't minor for me. It's affecting my sleep, my work, and my relationships — I'd like to find a plan, not just wait it out."

IF YOU FEEL RUSHED

"I know time is tight. Before we finish, can we make sure we've covered my top concern?"

IF YOU FEEL DISMISSED

- 1 Stay calm and specific.** Point back to your notes — dates, frequency, and impact are hard to argue with.
- 2 Ask about next steps.** "If it's not perimenopause, what do you think it is — and how would we find out?"
- 3 Ask for it in your chart.** "Could you note that I raised these symptoms and what we decided?"
- 4 Request a referral** to a gynecologist or a menopause-informed provider.
- 5 Get a second opinion.** The Menopause Society keeps a directory of certified practitioners.
- 6 Remember:** one bad appointment is not the final word on your body.

Notes From the Room

Jot down names of tests, medications, or terms you want to look up later. It's fine to say, "Can you spell that for me?"

Don't wait for a scheduled visit if you have very heavy bleeding (soaking a pad or tampon every hour or two), any bleeding after 12 months without a period, chest pain, or thoughts of harming yourself. Contact a provider promptly or seek urgent care — in the US you can call or text 988 for mental health crisis support.

Write It Down *Before* You Forget

Fill this in in the car or the waiting room — details fade fast. Check your patient portal later for the visit summary.

Date of visit: _____ Provider: _____

What my doctor said about my symptoms:

Tests ordered:

Treatments or changes suggested:

My next steps:

Follow-up date: _____ Results expected by: _____

Questions I still have: _____

Did I feel heard? ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 *If it's a 1 or 2, revisit "If You Feel Dismissed."*

You know your body. Data makes it undeniable. You don't need permission to be taken seriously.

Please note: This checklist is for general informational purposes only and is not medical advice. It isn't intended to diagnose, treat, or prevent any condition. Always talk with a qualified healthcare provider about your individual symptoms and options. Midlife Mood Co. is not a medical practice.

WANT TO MAKE THE NEXT VISIT EVEN EASIER?

Bring the *data*. Bring the *questions*.

Two Midlife Mood Co. tools were made to sit right alongside this checklist:

The MMC Symptom Tracker

Log your symptoms daily, then bring a doctor-ready report, so you walk in with patterns — not guesses.

The HRT Response Tracker

Starting hormone therapy? Track how your body responds, and bring the data to every follow-up.