



MY MENOPAUSE ACTION PLAN



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INTUITIVE INTEGRATIVE NURSE PRACTITIONER



THE MENOPAUSE ACTION PLAN WORKBOOK

NAME: _____

DATE: _____

ASSESS WHERE YOU ARE IN THE CHANGE:

- Premenopause** - <40 but concerned about menopause (female relatives with severe symptoms, osteoporosis, dementia...) want to be prepared and prevent symptoms
- Perimenopause** - 35 - 50 and periods are changing, experiencing symptoms
- Menopause** - 45-55 and LMP was months ago/ FSH >30, raging symptoms
- Postmenopause** - - 55-65, no period for years, still symptomatic, experiencing complications and not aging gracefully

Hypothalamic symptoms:

- | | | |
|--------------------------------------|------------------------------------------------------|---------------------------------------------------|
| <input type="checkbox"/> Hot flashes | <input type="checkbox"/> Low sex drive | <input type="checkbox"/> Memory lapses |
| <input type="checkbox"/> Insomnia | <input type="checkbox"/> Night sweats | <input type="checkbox"/> Difficulty concentrating |
| <input type="checkbox"/> Weight gain | <input type="checkbox"/> Irregular periods | <input type="checkbox"/> Irritability |
| <input type="checkbox"/> Mood swings | <input type="checkbox"/> Fatigue | <input type="checkbox"/> Allergies |
| <input type="checkbox"/> Depression | <input type="checkbox"/> Vulnerability to infections | |
| <input type="checkbox"/> Body odor | <input type="checkbox"/> Anxiety | |

Digestive Tract Symptoms:

- Digestive problems Nausea Constipation Bloating

Dermatological and Connective tissue symptoms:

- | | | |
|--------------------------------------------------|-------------------------------------|----------------------------------------|
| <input type="checkbox"/> Vaginal dryness | <input type="checkbox"/> Itchy skin | <input type="checkbox"/> Skin tags |
| <input type="checkbox"/> Gum problems | <input type="checkbox"/> Rashes | <input type="checkbox"/> Brittle nails |
| <input type="checkbox"/> Loss of breast fullness | <input type="checkbox"/> Wrinkles | <input type="checkbox"/> Hair loss |
| <input type="checkbox"/> Stress incontinence | <input type="checkbox"/> Bone loss | <input type="checkbox"/> Joint Pain |

Nervous system symptoms:

- | | | |
|------------------------------------------|-----------------------------------------------|---------------------------------------|
| <input type="checkbox"/> Headaches | <input type="checkbox"/> Electric shocks | <input type="checkbox"/> Dizzy spells |
| <input type="checkbox"/> Burning mouth | <input type="checkbox"/> Muscle tension | |
| <input type="checkbox"/> Joint pain | <input type="checkbox"/> Tingling extremities | |
| <input type="checkbox"/> Breast soreness | <input type="checkbox"/> Irregular heartbeat | |



THE MENOPAUSE ACTION PLAN WORKBOOK

WHAT'S YOUR FAMILY MEDICAL HISTORY? HAVE ANY OF YOUR MATERNAL RELATIVES HAD:

Cancer

Breast

Gynecological - uterine or ovarian

Melanoma

Colon

Osteoporosis

Arteriosclerosis – stroke, heart attack

Dementia - including vascular dementia and Alzheimer's

Severe symptoms - unrelenting hot flashes, insomnia, severe mood swings

Mental health issues - clinical depression, anxiety disorders, bipolar, addictions including alcoholism

Any other issues a family member has that you're concerned about?

WHAT'S YOUR PERSONAL REPRODUCTIVE HISTORY?

Age of menarche (very first period)

Did you ever use hormonal birth control? oral contraceptives, contraceptive implants or vaginal hormone contraception

What side effects (if any):

Age and Years used:



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How many Pregnancies have you had? number and were they live births, miscarriages, abortions, still births, loss of child

Did you have postpartum depression? Y N

Infertility - did you have trouble getting pregnant? Y N

Any treatment?

- GNRH
- Hormone injections
- IVF
- Progesterone to prevent miscarriage

Were you able to conceive? Y N

And carry to term? Y N

Did you have PCOS? polycystic ovary syndrome Y N

Any treatment?

- BCP
- Metformin
- Diet

Have you had any gynecological surgeries? Y N

- Removal of one or both ovaries (oophorectomy)
- Removal of your uterus (hysterectomy)
- Removal of Fibroid
- Removal of Cyst
- Cautey of uterine lining (endometrial ablation)

WHAT'S YOUR PERSONAL MEDICAL HISTORY?

Any allergies? Please list.

Please list what medications you take.



What supplements do you take?

Do you have any chronic illnesses? Y N

- Neurological disorders** - seizures, headaches, neuropathies
- Cardiovascular disease** including hypertension, hypercholesteremia
- Autoimmune disorder**

Do you have any mood disorders? Y N

- Depression**
- Anxiety**
- Bipolar**

How's your breast health?

- Fibrocystic**
- History of mastitis or clogged milk ducts**
- Abnormal breast imaging**

Have you had any non-gynecological surgeries including breast surgery, skin and colon surgeries? Y N

Have you had cancer particularly of the colon, breast, melanoma, gynecological (uterine, ovarian)? Y N

Do you have weight issues? trouble losing or maintaining healthy weight Y N

Do you have endocrine disorders?

- Thyroid** - hyper, hypo, thyroiditis
- Adrenal** - Cushings, Addisons, adrenal fatigue, adrenal dysfunction, adrenal tumor
- Diabetes** - type 1, type 2, insulin resistance
- Pituitary** - hyperprolactinemia, adenoma, growth hormone issues



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WHAT'S YOUR LIFESTYLE LIKE?

Nutrition

Are you or have you ever been a vegan or vegetarian? Y N

Would you describe your diet as SAD? - Standard American diet Y N

Mostly organic whole plant foods Y N

Adequate protein (½ gm per pound of LBM) Y N

Healthy fats Y N

Describe your intake of caffeine, alcohol, water, sodas, other sweetened beverages, artificially sweetened beverages.

Activity

Hours of exercise per week:

Aerobic

Strength

Stretching

Work hours per week, hours spent sitting

Hours of housework and outside chores

Any hobbies (active or sedentary) and time spent



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Sleep

When do you sleep?

How is your quality of sleep?

Do you use sleep aides? Y N

Do you have a history of chronic insomnia? Y N

Do you have a history of working "graveyard" shifts? Y N

Do you keep the lights off? Y N

Do you use digital devices after dark? Y N

Do you have sounds at night? Y N

What's the temperature of your bedroom?

Toxic Exposures

- | | | |
|---------------------------------------|-----------------------------------------------------|------------------------------------------------------------------|
| <input type="checkbox"/> Heavy Metals | <input type="checkbox"/> Other endocrine disruptors | <input type="checkbox"/> Mother used DES while pregnant with you |
| <input type="checkbox"/> Pesticides | <input type="checkbox"/> Occupational | |

ARE YOU CONSIDERING HRT OR NOT - BIOIDENTICAL VS SYNTHETIC Y N

- | | | | | |
|-----------------------------------|---------------------------------------|---------------------------------------|-------------------------------|-------------------------------------------|
| <input type="checkbox"/> Estrogen | <input type="checkbox"/> Progesterone | <input type="checkbox"/> Testosterone | <input type="checkbox"/> DHEA | <input type="checkbox"/> Vaginal Estrogen |
|-----------------------------------|---------------------------------------|---------------------------------------|-------------------------------|-------------------------------------------|

ARE YOU CONSIDERING ALTERNATIVE THERAPIES TO GET YOU THROUGH THE CHANGE? Y N

- Hypothalamus support
- Estrogenic supplements - black cohosh, red clover, dong quai, evening primrose, licorice, ginseng
- Progestational supplements - chasteberry
- Androgenic supplements - Maca
- Adrenal supplements that influence sex steroids - ashwaghandha
- Brain supplements - ginkgo
- Estrogen metabolic influencers - DIM, fish oils, flax lignans
- Androgen metabolic influencers - saw palmetto, pumpkin seed



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WHAT'S YOUR MENOPAUSE MINDSET?

Beliefs about menopause and aging - (checklist here)

Beliefs about healing (mind-body connection)

Soul work completed or in progress

ARE YOU SUPPORTING YOUR HYPOTHALAMUS?

Genesis Gold

Sacred Seven

Both

WHAT I NEED FROM MY HEALTHCARE PROVIDER

Diagnosis

Hormone assessment

Bloodwork

FSH (day 3-5 if still menstruating)

LH (if menopausal)

Testosterone

DHEA-S, TSH, fT4, fT3 (rT3 if overweight or fatigue)

Lipid subparticle, LpA, CRP-HS (fasting)

Prolactin (8-9am) **Hemoglobin A1c**

ANA (if autoimmune symptoms and not diagnosed)

Bone health

Body Composition

Dexa scan

Body fat

Urine cross links

LBM

Breast health

Colon health

Exam

Fecal DNA/Colonoscopy

Imaging (thermogram, mammogram, ultrasound)



Treatment

- HRT – bioidentical**
- TD Estrogen** – estradiol or estradiol+estriol
- TD Progesterone**
- Vaginal Estriol**
- TD Testosterone**
- SL DHEA**

WHAT I'M GOING TO DO FOR MYSELF

Lifestyle Changes

Nutrition

Activity

Sleep

Supplements for thriving during the change

- Hypothalamus support** with Genesis Gold and Sacred Seven
- Estrogen metabolic support** – DIM, EPA, flax lignans
- Androgen metabolic support** – saw palmetto, pumpkin seed

Mindset shifting tools

- Meditation**
- Mindset trainings**
- Counseling**
- Coaching**
- Healing Circle**



Relationships

How I will strengthen and improve my relationships with:

My significant other

My children

My parents

My siblings

My extended family



My friends

My coworkers/employees

My environment

My community

Myself

ABOUT ME

Getting to the root of disease is crucial to helping my patients thrive. On the surface, the roots are biochemical. However, when we dive deeper, psychological roots can also be uncovered. But the core issues are often spiritual. That's why I created an integrated healthcare practice where I guide my patients to reach their greatest potential by creating Joyous Transformations—body, mind, and soul.



I decided early on in my medical training that I wanted to move away from seeing disease through the eyes of pathophysiology, and instead, chose to learn through the eyes of optimal wellness. As an Intuitive Integrative Nurse Practitioner, I bridge together the science of medicine with the art of healing. For the past 30 years, I've focused exclusively on neuro-immune-endocrinology. I truly believe disease is the reflection of how the soul speaks symbolically through the body. Through my extensive research and client work, I've discovered the root cause of disease is the hypothalamus – a small part of the brain that's responsible for orchestrating the body's symphony of hormones.

NEXT STEPS...

The Genesis Gold® “90-Day Healing Success Program”

When you order 3 bags of Genesis Gold®, you get:

90-days of healing benefit to enhance your mitochondrial function: Studies show healing your mitochondria – slows down aging! Healthy mitochondria means more energy. Finally enough energy to take care of all your responsibilities at work and at home (as well as energy to have some fun)

90-days of balancing the synergy of your neuroendocrine function: Research shows that your gut and your brain are connected through hormones. Harmonizing your gut-brain connection improves your immunity and your moods so you finally have the strength and clarity to be your best self.

90-days of Hypothalamus-Pituitary-Adrenal axis rebalancing: Studies show that optimizing the stress response decreases inflammatory cytokines. That means less inflammation in your cardiovascular system, your brain, your gut, your joints. So you're finally free from aches and lower your risk for killer diseases.

You will be healing the underlying issues, creating the opportunity to fix your “broken health,” tame your symptoms, and get your body and your life back!

Each bag of Genesis Gold® contains only the best organically grown and wildy harvested herbs, the purest non-GMO whole plant foods from the land and the sea, and exactly the right combination of Hypothalamic amino acids, and never any synthetics.

And I do something that comes from my belief in compassion, in bio-field energy, and our mind-body connection... I even focus on the energetic matrix of Genesis Gold® which is why it's not uncommon for me to hear my patients and customers experience profound shifts in their mindset that helps spearhead their healing.



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