GUIDES · GUIDE

Your menopause appointment. *Walk in ready. Walk out with a plan.*

Fifteen minutes goes fast, especially when you've been saving up questions for a year. This guide helps you make every minute count.

Researched and written by The Goddess Protocol team · Updated October 2026 · Sources at the end

> **THE SHORT ANSWER**
>
> Bring your top three problems, a few weeks of notes, your full medication list and your health history. Skip the at-home hormone panel. If you're over 45, your symptoms and cycle history usually tell the story better than a blood test.

Two to four weeks before

- Pick your top three problems. Write each as symptom, how often, how bad and what it's costing you. "Night sweats wake me four nights a week and I'm missing morning meetings" lands better than "my hormones are off."
- Keep a short daily log: periods or spotting, hot flashes, sleep, mood, headaches, vaginal or bladder symptoms and a 0 to 10 bother score. Four weeks is a practical minimum.
- Reconstruct your bleeding history: dates, how long, how heavy, clots, bleeding between periods or after sex, and your longest stretch without a period.
- Make one complete medication list, including supplements, sleep aids, cannabis, alcohol habits and anything hormonal, compounded or from a telehealth company. Photos of labels work.
- Write down your health history: breast or uterine cancer, blood clots, stroke, heart attack, liver disease, migraine with aura, gallbladder issues, fractures, diabetes, blood pressure, smoking and family history.
- Gather recent results if you have them: blood pressure, cholesterol, A1c, mammogram, bone density. Don't buy saliva or urine hormone panels first.

When you book

- Ask for a longer visit if you can, and ask whether anyone in the practice focuses on menopause.
- Bring someone if it helps. A second set of ears is great for taking notes.

In the room

- Open with one sentence: "My top goals are to sleep, get these hot flashes under control and find out whether my bleeding needs a look."
- Ask what else it could be: "Which of these fit perimenopause, and what else should we rule out?"
- Ask for options in three buckets: no prescription, nonhormonal prescription and hormonal. Then talk benefits, side effects, cost and follow-up.
- Leave with a written plan: what starts now, what tests (if any), what symptoms mean call back, and when you'll check in again.

If you feel dismissed

- Name the impact: "These symptoms are affecting my sleep, work and relationship. Can you note that in my chart along with the options we discussed?"
- Ask for the reasoning: "What's your working diagnosis, and why isn't treatment or a referral right for me?"
- Ask for a next step: a follow-up, a referral to gynecology, sleep or mental health, or a second opinion.
- Look for a menopause-informed clinician. The Menopause Society has a searchable directory of members and certified practitioners. It's helpful, though not a guarantee of fit.

What can help, *without a prescription.*

With an honest read on how strong the evidence is. How we rate research

PRACTICAL

Four weeks of notes

Turns "I just don't feel like myself" into a pattern a clinician can work with.

STRONG RATIONALE

A single medication list

Safety-critical, especially for hormone and nonhormonal options.

PRACTICAL

Your top three, written down

Keeps the visit focused when nerves kick in.

WHEN YOU WANT A CLINICIAN IN YOUR CORNER

Goddess Protocol Rx. *No pressure.*

Want a clinician who has time for this conversation? Goddess Protocol Rx starts with a free online assessment.

See your options at goddessprotocol.com

Worth a call to a clinician *soon.*

- Any bleeding after 12 months without a period, even one spot.
- Bleeding longer than seven days, soaking a pad or tampon every hour for several hours, or bleeding with dizziness.
- Menopause-type symptoms before 45, especially before 40.
- Chest pain, stroke symptoms, fainting with heavy bleeding or thoughts of suicide: get urgent help, don't wait for the appointment.

In an emergency, call 911. For thoughts of suicide, call or text 988.

Questions to bring *to any clinician.*

Ours or yours. Bring this page with you.

1. Which of my symptoms fit the menopause transition, and what else should we check?
2. Am I a candidate for hormone therapy, given my uterus, bleeding, migraine, clot, cancer, heart and liver history?
3. Which FDA-approved hormonal and nonhormonal options fit my top three goals? What would be off-label or compounded?
4. What follow-up and monitoring do you recommend, and when would we stop or change course?
5. If you're not comfortable managing this, can you refer me to someone who focuses on menopause?

FREE PRINTABLE

Your appointment is short. *Your list is not.*

Top-three worksheet, symptom checklist, a four-week log and the questions worth asking. Print it, fill it in, bring it to any clinician.

Get the prep kit (PDF)

Skip the hype.

Things you'll hear that don't hold up.

~~**A hormone panel proves perimenopause.**~~

Actually: After 45, levels swing too much. Diagnosis is mostly clinical.

~~**Normal labs mean your symptoms aren't real.**~~

Actually: A snapshot of FSH can't measure how you feel.

~~**If one clinician says no, you're out of options.**~~

Actually: Ask for reasoning, alternatives or a referral.

Sources.

We read them so you don't have to. But you can.

- Menopause: identification and management (NG23) · NICE, 2015, updated 2024
- Do I need to have testing of my hormone levels during perimenopause? · ACOG, 2024
- Hormone testing before hormone therapy · ACOG, 2024
- Bleeding after menopause could be a problem · ACOG, 2023

Good to know. This guide is general education, not medical advice. It can't diagnose you or tell you which treatment is right for you. A licensed clinician who knows your history makes that call.

Find the latest version, plus more guides, at goddessprotocol.com/guides