



NATURAL PHARMACY CO. LTD.

Period Peace On-line Questionnaire

Name:

Phone number:

Email:

Age:

Any existing medical conditions:

Pharmaceutical medications:

Please check any of the following symptoms that apply:

- Agitation
- Anger
- Anxiety
- Cramps and pain
- Crying
- Cycle – Irregular
- Depression/Low Mood
- Dizziness
- Fatigue
- Fluid retention/Swelling
- Food cravings (Sweet, Salty)
- Forgetfulness/Fogginess
- Headache/Migraine
- Increased appetite
- Insomnia / Sleeping Troubles
- Irritability
- Menses – heavy

1111 West Broadway, Vancouver, BC, V6H 1G1, Canada

Tel: 604.733.5323

www.finlandiahealthstore.com



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- Menses – scanty
- Menses – with clots
- Nervousness
- Swollen breasts, abdomen, hands and/or feet

Other symptoms (*Please List*):

Note:

If you checked off 5 symptoms *or less* then our standard PMS herbal tincture formula would be very effective for you. Please mention it in the email you send to us.

Final Step:

Please submit your completed questionnaire to:

herbs@finlandiahealth.com

- An herbalist will email you with our customized product recommendations. Responses can take up to 2 business days. Thank you for taking the time and we look forward to hearing from you!

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