Women's Fertility History

CONFIDENTIAL

NAME (LAST, FIRST, MIDDLE)	DATE	
Age of first menses (period)	Have you ever been diagnosed with uterine fibroids or polyps? ☐ Yes ☐ No	
Are your periods painful?		
How many days do you normally bleed?	Have you ever been diagnosed with endometriosis? \Box Yes \Box No	
How heavy is the bleeding? Light Normal Heavy What color is the blood? Light red Red Dark red Purple Brown Black	Have you ever had pelvic adhesions? ☐ Yes ☐ No Have you been diagnosed with any pelvic abnormalities? ☐ Yes ☐ No Have you taken any medications for gynecological	
Is there clotting? \square Yes \square No	conditions other than contraceptives? (Please list them below)	
Do you have premenstrual tension? ☐ Yes ☐ No Does your face break out before or during your period? ☐ Yes ☐ No	Medication Reason How long	
Do your breasts become tender premenstrually? $\hfill \square$ Yes $\hfill \square$ No		
Do you bleed or spot between periods? ☐ Yes ☐ No Are your menstrual cycles spaced irregularly? ☐ Yes ☐ No		
How many days are there from one period to the next?		
Date of your last menstrual period		
Number Years	Have your cycles changed since they began?	
Number of pregnancies? Number of children? Number of abortions?	☐ Yes ☐ No How?	
Number of miscarriages? Number of D&C procedures?	Do you ovulate on your own? ☐ Yes ☐ No On what day of your cycle?	
Have you ever had an abnormal pap smear? ☐ Yes ☐ No	Have you had fertility treatments? \square Yes \square No	
Have you ever had a cervical biopsy, operation, cauterization, or conization? ☐ Yes ☐ No Have you ever had a venereal disease? ☐ Yes ☐ No Have you ever been diagnosed with a chlamydial	If yes, when and where?	
infection? \square Yes \square No Do you have chronic vaginal discharge? \square Yes \square No	By whom?	
Do you get yeast infections regularly? ☐ Yes ☐ No Do you have any sores on your genitalia? ☐ Yes ☐ No		
Have you ever had pelvic inflammatory disease? ☐ Yes ☐ No	What types of fertility treatments?	
Were you treated for it? \square Yes \square No How? $_$	Have you taken medication to help you ovulate? ☐ Yes ☐ No	
Date of last pap smear	When? How long?	
	Have your fallopian tubes been evaluated medically?	
	Trave your ranopian tubes been evaluated inedically! ☐ Yes ☐ No	

Have you had any hormone laboratory tests performed? ☐ Yes ☐ No		Are you more than 20% below your ideal body weight? \Box Yes \Box No	
What were the results?		Do you have a stressful occupation?	
		Do you exercise regularly? What do you do?	□ Yes □ No
Do you have a single partner with whom you have been		What do you do?	
trying to conceive?		How often?	
How long have you been married or li	ving together?		
		Do you have excessive facial hair?	
Has he had a fertility workup?	□ Yes □ No	Do you have excessively oily skin?	
What were the results?		Have you experienced excessive loss of	of head hair?
	 		□ Yes □ No
Is your partner supportive of your wish to conceive?		Have you notices discharge from your nipples?	
	☐ Yes ☐ No		☐ Yes ☐ No
Have you taken oral contraceptives?	□ Yes □ No	Was you mother exposed to diethylstilbestrol (DES)	
When		when she was pregnant with you?	□ Yes □ No
How long		Have you been exposed to any known	environmental
C		toxins or hormones?	□ Yes □ No
	□ Yes □ No		
Have you ever taken DepoProvera?	□ Yes □ No	Are you presently taking steroids?	□ Yes □ No
When		Do you have any known food allergies	s? □ Yes □ No
How long		If yes, what are they?	
0		Do you refrain from eating the	
Do your breasts get tender at/during ovulation? ☐ Yes ☐ No		, o	□ Yes □ No
		Have you or a family member been di	agnosed with
Do you get premenstrual low back pai	n? □ Yes □ No	Celiac Disease?	☐ Yes ☐ No
Do your bowel movements become lo	ose at the		
beginning of your period?		How long have you been trying to conceive?	
How is your sexual energy? ☐ Low [0 , , , ,	
		Have you had a diagnosis related to infertility?	
D 11		, c	□ Yes □ No
Do you douche regularly?	□ Yes □ No	If yes, what is it?	
With what?			
Do you use vaginal lubricants?	□ Yes □ No	From what country(ies) does your family originate?	
Are you more than 20% over your idea			