

WOMEN'S FERTILITY HISTORY

PLEASE ANSWER ACCORDINGLY. EITHER FILL IN THE ANSWER OR CIRCLE ONE.

AGE AT WHICH MENSES BEGAN _____
 ARE YOUR PERIODS PAINFUL? YES NO
 HOW MANY DAYS DOES THE PAIN LAST? _____
 HOW MANY DAYS DO YOU NORMALLY BLEED? _____
 WHAT COLOR IS THE BLOOD?
 LIGHT RED RED DARK RED PURPLE BROWN BLACK
 HOW HEAVY IS THE BLEEDING? LIGHT NORMAL HEAVY
 IS THERE CLOTTING? YES NO
 DO YOU HAVE PREMENSTRUAL TENSION? YES NO
 DOES YOUR FACE BREAK OUT BEFORE OR DURING YOUR PERIOD?
 YES NO
 DO YOU HAVE PREMENSTRUAL BREAST TENDERNESS? YES 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 LAST MENSTRUAL PERIOD? _____
 HAVE YOUR CYCLES CHANGED SINCE THEY BEGAN? YES NO
 How? _____
 DO YOU OVULATE ON YOUR OWN? YES NO
 ON WHAT DAY OF YOUR CYCLE? _____
 DO YOUR BREASTS GET TENDER AT/DURING OVULATION? YES NO
 DO YOU GET PREMENSTRUAL LOW BACK PAIN? YES NO
 DO YOUR BOWEL MOVEMENTS BECOME LOOSE AT THE BEGINNING OF
 YOUR PERIOD? YES NO

	NUMBER	YEAR
HOW MANY PREGNANCIES HAVE YOU HAD?	_____	_____
HOW MANY CHILDREN DO YOU HAVE?	_____	_____
HOW MANY ABORTIONS HAVE YOU HAD?	_____	_____
HOW MANY MISCARRIAGES HAVE YOU HAD?	_____	_____
HOW MANY TIMES HAVE YOU HAD A D&C?	_____	_____
HAVE YOU EVER HAD AN ABNORMAL PAP SMEAR? YES NO		
HAVE YOU EVER HAD A CERVICAL BIOPSY, OPERATION, CAUTERIZATION OR CONIZATION? YES NO		
HAVE YOU EVER HAD A VENEREAL DISEASE? YES NO		
DO YOU GET YEAST INFECTIONS REGULARLY? YES NO		
HAVE YOU EVER BEEN DIAGNOSED WITH CHLAMYDIA? YES NO		
DO YOU HAVE CHRONIC VAGINAL DISCHARGE? YES NO		
DO YOU HAVE ANY SORES ON YOUR GENITALIA? YES NO		
HAVE YOU EVER HAD PELVIC INFLAMMATORY DISEASE? YES NO		
WERE YOU TREATED FOR IT? YES NO		
How _____		

DATE OF LAST PAP SMEAR? _____
 HAVE YOU EVER BEEN DIAGNOSED WITH UTERINE FIBROIDS OR POLYPS?
 YES NO
 HAVE YOU EVER BEEN DIAGNOSED WITH ENDOMETRIOSIS? YES NO
 HAVE YOU BEEN DIAGNOSED WITH PELVIC ADHESIONS? YES NO
 HAVE YOU BEEN DIAGNOSED WITH PELVIC ABNORMALITIES? YES NO
 HAVE YOU TAKEN ANY MEDICATIONS FOR GYNECOLOGICAL CONDITIONS
 OTHER THAN CONTRACEPTIVES?

MEDICATION	REASON	HOW LONG
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

HAVE YOU HAD FERTILITY TREATMENTS? YES NO
 IF YES, WHEN AND WHERE? _____
 BY WHOM? _____
 WHAT TYPES? _____
 HAVE YOU TAKEN MEDICATION TO HELP YOU OVULATE? YES NO
 WHEN? _____ HOW LONG? _____
 HAVE YOUR FALLOPIAN TUBES BEEN EVALUATED MEDICALLY? YES NO
 WHAT WERE THE RESULTS? _____
 HAVE YOU HAD ANY TUBAL OPERATIONS? YES NO
 HAVE YOU HAD ANY HORMONE LABORATORY TESTS PERFORMED?
 YES NO
 WHAT WERE THE RESULTS? _____

DO YOU HAVE A SINGLE PARTNER WITH WHOM YOU HAVE BEEN TRYING
 TO CONCEIVE? YES NO
 HOW LONG HAVE YOU BEEN MARRIED OR LIVING TOGETHER? _____
 HAS HE HAD A FERTILITY WORK-UP? YES NO
 WHAT WERE THE RESULTS? _____
 IS YOUR PARTNER SUPPORTIVE OF YOUR WISH TO CONCEIVE? YES NO
 HAVE YOU TAKEN ORAL CONTRACEPTIVES? YES NO
 WHEN? _____ HOW LONG? _____
 HAVE YOU EVER HAD AN IUD? YES NO
 WHEN? _____ HOW LONG? _____
 HAVE YOU EVER TAKEN DEPOPROVERA? YES NO
 WHEN? _____ HOW LONG? _____
 HOW LONG HAVE YOU BEEN TRYING TO CONCEIVE? _____
 HAVE YOU HAD A DIAGNOSIS RELATING TO INFERTILITY? YES NO
 WHAT WAS THE DIAGNOSIS? _____

HOW IS YOUR SEXUAL ENERGY? LOW NORMAL HIGH
 DO YOU DOUCHE REGULARLY? YES NO
 WITH WHAT? _____
 DO YOU USE VAGINAL LUBRICANTS? YES NO
 ARE YOU MORE THAN 20% OVER YOUR IDEAL BODY WEIGHT? YES NO
 ARE YOU MORE THAN 20% BELOW YOUR IDEAL BODY WEIGHT? YES NO
 DO YOU HAVE A STRESSFUL OCCUPATION? YES NO
 DO YOU EXERCISE REGULARLY? YES NO
 DO YOU HAVE EXCESSIVE FACIAL HAIR? YES NO
 DO YOU HAVE EXCESSIVELY OILY SKIN? YES NO
 HAVE YOU EXPERIENCED EXCESSIVE LOSS OF HEAD HAIR? YES NO
 HAVE YOU NOTICED DISCHARGE FROM YOUR NIPPLES? YES NO
 WAS YOUR MOTHER EXPOSED TO DIETHYLSTILBESTROL (DES) WHEN SHE
 WAS PREGNANT WITH YOU? YES NO
 HAVE YOU BEEN EXPOSED TO ANY
 KNOWN ENVIRONMENTAL TOXINS OR HORMONES? YES NO
 ARE YOU PRESENTLY TAKING STEROIDS? YES NO

PLEASE LIST ANY ADDITIONAL COMMENTS BELOW.

