



## Women's Fertility History

**CONFIDENTIAL**

**Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Age at which menses began \_\_\_\_\_ Have you ever been diagnosed with Chlamydia? \_\_\_\_\_

Are your periods painful? \_\_\_\_\_ Do you have chronic vaginal discharge? \_\_\_\_\_  
If yes, how many days of pain? \_\_\_\_\_

How many days of bleeding? \_\_\_\_\_ Do you have any sores on your genitalia? \_\_\_\_\_

How heavy is the bleeding? \_\_\_\_\_ Have you ever had pelvic inflammatory disease? \_\_\_\_\_  
Light \_\_\_\_\_ Normal \_\_\_\_\_ Heavy \_\_\_\_\_ If yes, were you treated for it? \_\_\_\_\_  
How? \_\_\_\_\_

Is there clotting? \_\_\_\_\_ Date of last Pap smear? \_\_\_\_\_

Do you have premenstrual tension? \_\_\_\_\_ Ever diagnosed with uterine fibroids or polyps? \_\_\_\_\_

Does your face break out before or during? \_\_\_\_\_ Ever diagnosed with endometriosis? \_\_\_\_\_

Do your breasts become tender? \_\_\_\_\_ Ever diagnosed with pelvic adhesions? \_\_\_\_\_

Do you bleed or spot between periods? \_\_\_\_\_ Ever diagnosed with any pelvic abnormalities? \_\_\_\_\_

Are your cycles spaced regularly? \_\_\_\_\_ Have you taken any medications for gynecological

How many days in your cycle? \_\_\_\_\_ conditions other than contraceptives? \_\_\_\_\_

Date of last menstrual period? \_\_\_\_\_ If yes, specify \_\_\_\_\_

\_\_\_\_\_

How many pregnancies? \_\_\_\_\_ No. \_\_\_\_\_ Years \_\_\_\_\_

How many children do you have? \_\_\_\_\_ Have your cycles changed since they began? \_\_\_\_\_

How many abortions? \_\_\_\_\_ How? \_\_\_\_\_

How many miscarriages? \_\_\_\_\_

D & C's performed? \_\_\_\_\_ Do you ovulate on your own? \_\_\_\_\_

Abnormal pap smear? \_\_\_\_\_ On what day of your cycle? \_\_\_\_\_

Have you ever had a cervical biopsy, operation, Do you get breast soreness during ovulation? \_\_\_\_\_

cauterization or conization? \_\_\_\_\_ Do you get premenstrual low back pain? \_\_\_\_\_

Have you had a venereal disease? \_\_\_\_\_ Do your bowel movements become loose at the

Do you get yeast infections? \_\_\_\_\_ beginning of your period? \_\_\_\_\_

Have you had fertility treatments? \_\_\_\_\_

If yes, what, when and where? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you taken medications to help you ovulate?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have your fallopian tubes been evaluated medically? \_\_\_\_\_

Results? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Have you had any tubal operations? \_\_\_\_\_

\_\_\_\_\_

Have you had any hormone laboratory tests performed? \_\_\_\_\_

Results? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Do you have a single partner with whom you are trying to conceive? \_\_\_\_\_

How long have you been married or living together? \_\_\_\_\_

Has he had a fertility workup? \_\_\_\_\_

Results? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Is your partner supportive of your wish to conceive? \_\_\_\_\_

Have you taken oral contraceptives? \_\_\_\_\_

When/how long? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Have you ever had an IUD? \_\_\_\_\_

When/how long? \_\_\_\_\_

\_\_\_\_\_

Have you ever taken DepoProvera? \_\_\_\_\_

\_\_\_\_\_

How long have you been trying to conceive? \_\_\_\_\_

\_\_\_\_\_

Have you had a diagnosis relating to infertility? \_\_\_\_\_

What was it? \_\_\_\_\_

\_\_\_\_\_

How is your sexual energy? \_\_\_\_\_

\_\_\_\_\_

Do you douche regularly? \_\_\_\_\_

Do you use vaginal lubricants? \_\_\_\_\_

Are you more than 20% over your ideal body weight?

\_\_\_\_\_

Are you more than 20% under your ideal body weight?

\_\_\_\_\_

Do you have a stressful occupation? \_\_\_\_\_

Do you exercise regularly? \_\_\_\_\_

What kind? \_\_\_\_\_

\_\_\_\_\_

Do you have excessive facial hair? \_\_\_\_\_

Do you have excessively oily skin? \_\_\_\_\_

Have you experienced excessive loss of head hair?

\_\_\_\_\_

Have you noticed discharge from your nipples? \_\_\_\_\_

Was your mother exposed to diethylstilbestrol (DES) when she was pregnant with you? \_\_\_\_\_

Have you been exposed to any known environmental toxins or hormones? \_\_\_\_\_

Are you presently taking steroids? \_\_\_\_\_