



WOMEN'S FERTILITY HISTORY

Patient Name: _____ Date: _____

Name of Doctor / Fertility Specialist: _____ / _____

Start Date (Month / Year): _____

Current Month Treatment Plan: _____ (IVF / IUI / Natural / Tests / Etc.)

1. Please List Below All Pregnancies and Fertility Treatments:

Date	Natural / IUI / IVF / Other	Medication Used	Number of Mature Eggs/Follicles	Pregnancy Yes / No	If Miscarried, Indicate Which Week	Other Comments and Locations

2. Do You Have Any of These Diagnoses?

	High FSH/AMH	Uterine Fibroids / Polyps	Endometriosis / Adhesions	PCOS	POF	Low Progesterone
Date						

3. Have You Ever Had Any of These Fertility Tests or Procedures?

	Laparoscope	HSG -Hysterosalpingography	Other
Date			

4. Have You Ever Had Any? If Yes, Please List How Many:

Pregnancy	Children	Miscarriage	Abortion	Ectopic	D&C	Abnormal Pap Smear	Other

5. Others

Age at which menses began: _____ Have you ever taken Birth Control? _____ If yes, How Long? _____ Has your partner been checked for fertility problems? _____ How long have you been trying to get pregnant? _____ Do you get recurrent yeast infections? _____ How often? _____	Did you have to do a Clomid challenge test? _____ Do you ovulate on your own? _____ How can you tell that you ovulate? _____ On which day of your cycle? _____ Have you charted your BBT? _____ How many days are there in your cycle? _____ Today is which day of your cycle? _____
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WOMEN'S FERTILITY HISTORY, CONTD.

6. List Any PMS Symptoms Before Period

	10 Days Before	1 week Before	2-3 Days Before
Breast			
Tenderness			
Depression			
Fatigue			
Low Back			
Pain			
Acne			

7. How Is Your Period Each Day?

Symptoms	Day1	Day 2	Day 3	Day 4	Day 5	Day 6-7
Back Pain						
Cramps (light, medium, severe)						
Color (light red, red, dark red, brown, purple)						
Heaviness of Flow (light, medium, heavy)						
Clots						
Spotting						

X _____
Patient's Signature

X _____
Date Signed

DO NOT WRITE BELOW THIS LINE

Chief Complaint/History of Present Illness (Location, Quality, Severity, Duration, Timing, Context, modifying Factors, Assoc Sn/Sx):

CLINICIAN USE ONLY

Discussion/Plan: