

Preconception/Fertility Intake

For the following sections, please circle one of the following:

Y = a condition you have now. P = a condition you have had in the past. N = a condition you have never had. Please mark an asterisk () by any areas you wish to clarify with your doctor.*

Female Gynecologic History

First day of last menstrual cycle _____
 Average # of days of bleeding _____
 Length of cycle (day 1 --> day 1) _____
 Are your cycles regular? Y P N
 Pain with menses Y P N
 Excessive flow Y P N
 Amenorrhea (no periods) Y P N
 Anovulation (no ovulation) Y P N
 Irregular menses Y P N
 Do you know when you ovulate? Y P N
 Pain with ovulation Y P N
 Pain with intercourse Y P N
 Endometriosis Y P N
 Fallopian tubes:
 Blocked Y P N
 Malformed Y P N
 Twisted Y P N
 Removed Y P N
 Fibroids Y P N
 Ovarian cysts Y P N
 Genital ulcers Y P N
 Uterine anomalies Y P N
 PMS Y P N
 Vaginal discharge Y P N
 Vaginal burning Y P N
 Do you chart your cycles? Y P N
 Do you use birth control? Y P N

Contraception Type & History
type # years

Male Condom _____
 Female Condom _____
 Withdrawal Method _____
 Natural Family Planning _____
 Spermicide _____
 Diaphragm _____
 Cervical Cap _____
 Contraceptive Sponge _____
 Birth Control Pills _____
 Depo-Provera _____
 Lunelle _____
 Nuva Ring _____
 Birth Control Patch _____
 Intrauterine Device (IUD) _____
 Paraguard _____
 Mirena _____
 Vasectomy _____
 Tubal ligation _____
 Other _____

Have you been checked, positive and/or treated for the following:

	<u>Checked</u>	<u>Positive</u>	<u>Treated</u>
Blocked Fallopian Tubes	Y P N	Pos / Neg	Y P N
Chlamydia	Y P N	Pos / Neg	Y P N
Cytomegalovirus (CMV)	Y P N	Pos / Neg	Y P N
Enterococcus	Y P N	Pos / Neg	Y P N
Gardnerella	Y P N	Pos / Neg	Y P N
Genital Warts	Y P N	Pos / Neg	Y P N
Gonorrhea	Y P N	Pos / Neg	Y P N
Group B Strep	Y P N	Pos / Neg	Y P N
Herpes	Y P N	Pos / Neg	Y P N
HIV/AIDS	Y P N	Pos / Neg	Y P N
Mycoplasma	Y P N	Pos / Neg	Y P N
Syphilis	Y P N	Pos / Neg	Y P N
Trichomonas	Y P N	Pos / Neg	Y P N
Toxoplasmosis	Y P N	Pos / Neg	Y P N
Ureaplasma	Y P N	Pos / Neg	Y P N