

FERTILITY ADDENDUM

Total pregnancies _____ Full term deliveries _____ Premature deliveries _____ Abortions _____ Miscarriages _____

Infertility diagnosis _____ How long have you been trying to conceive? _____

With the same person the whole time? Yes No Is this person supportive of your wish to conceive? Yes No

Has this person undergone evaluation? Yes No If Yes, list results _____

Below, list all therapies (IVF, IUI, Meds, etc) you **HAVE** done, **ARE** doing, or **INTEND** to do and with **WHAT DOCTOR?**

If fallopian tubes have been checked, list results _____

Tube ligations? Y / N If Yes, when _____ Hormone Labs? Y / N results _____

Depo Provera? Y / N If Yes, when _____ I.U.D? Y / N If Yes, when _____

Diaphragm? Y / N If Yes, when _____ Oral Contraceptives? Y / N _____

Abnormal Pap? Y / N If Yes, when _____ When was your last Pap? _____

Cervical Biopsy? Y / N Cervical Operation? Y / N Cervical Conization? Y / N Uterine Fibroids? Y / N

Uterine Polyps? Y / N Nipple Discharge? Y / N Venereal Disease? Y / N Vaginal Discharge? Y / N

Chlamydia? Y / N Vaginal Lubricants? Y / N Excessively Oily Skin? Y / N Excessive Facial Hair? Y / N

Endometriosis? Y / N Excessive Hair Loss? Y / N Take Any Steroids? Y / N Get Yeast Infections? Y / N

Genitalia Sores? Y / N Pelvic Abnormalities? Y / N Pelvic Adhesions? Y / N Pelvic Inflammatory Disease? Y / N

Do you regularly douche? Y / N If Yes, with what and how often? _____

Was your mother ever exposed to DES (diethylstilbestrol) when she was pregnant with you? Y / N / Unsure

Sexual Energy Low Avg High Cycle Flow Very Light Light Average Heavy Varies

Ages menses began _____ Days between periods _____ Cycle day you are on _____ Cycle day you ovulate _____

Painful Periods? Y / N How many days do you typical flow for? _____ Do you have clotting? Y / N

Typical color of blood during period? Black Brown Purple Red Light Red Spot b/t periods? Y / N

PMS? Y / N Bleed after intercourse? Y / N Painful intercourse? Y / N Do you ovulate on your own? Y / N

Facial breakouts at cycle? Y / N Breast tenderness at ovulation? Y / N Pre-menstrual lower back pain? Y / N