

FEMALE FERTILITY QUESTIONNAIRE

Date of first visit: / /20

Patient Name:

Age:

Date of Birth: / /19

Weight (kg) :

Height (cm):

Occupation:

Partner's Name:

Partner's Age:

Date Of Birth: / /19

1. How long have you been actively attempting pregnancy? _____ Years _____ Months
2. Have you been pregnant before? **Yes No**
3. Previous pregnancies outcome & number : Live Birth X Miscarriage X Ectopic X
4. If you have conceived before, how long did it take you to get pregnant? _____ Years _____ months
5. If you have conceived before, did you use fertility medications ? **Yes No**
6. Has your partner completed a Semen Analysis? **Yes No**
7. At what age did you get your first ever menstrual period?
8. Do you have regular menstrual periods? **Yes No**
9. What is the length of your cycle? (Day 1 of previous cycle to Day 1 of following cycle i.e 28d) () days
10. Do you get pain with periods? **Yes No**
11. Do you get pain with intercourse? **Yes No**
12. Have you been diagnosed with Endometriosis? **Yes No**
13. Have you gained or lost any significant weight recently? If yes ,Please encircle gained or lost **Yes No**
14. Have you ever been treated for pelvic infection? **Yes No**
15. Are you currently taking any medications on a regular basis? If yes, what medications? **Yes No**
16. Is your Pap smear up to date and normal? **Yes No**
17. Are you allergic to any medications? If yes, what medications? **Yes No**
18. Do / did you smoke cigarettes? If yes, how many cigarettes a day? **Yes No**
19. Do you drink alcoholic beverages? If yes, how many drinks a week? **Yes No**
20. Have you had any operations in the pelvic area i.e laparoscopy ? **Yes No**
21. Have you previously had evaluation for infertility? **Yes No**
22. Is there any family history of inherited medical conditions? **Yes No**
23. Any other relevant information?

I declare the above information to be complete and correct

Patient Signature:

Printed Name:

Date: / /20

Please complete this Questionnaire and return it to reception or by email, fax or regular post.