



# Dr Hossam Elzeiny

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Reproductive Endocrinologist,  
Fertility Specialist, Andrologist,  
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## TUBAL REVERSAL 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 since you have done your tubal ligation? \_\_\_\_\_ Years
2. Are you currently with the same partner? **Yes No**
3. Previous pregnancies outcome & (number) Live Birth ( ) Miscarriage ( ) Ectopic ( )
4. Have you done your tubal ligation using key hole surgery? **Yes No**
5. Was your tubal ligation done using clips to block the tubes? **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.**

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