

WOMEN'S HEALTH INTAKE FORM

At what age did you start menstruating? _____
What is the length of your cycle? _____ How many days does the blood flow? _____
I would describe my flow as:
Light ___ Medium ___ Heavy ___ Irregular ___
What color is the blood?
Bright Red ___ Dark Red ___ Pale Red ___ Purplish ___ Brownish ___
Are there any clots? _____ If yes, approximate size _____

What symptoms do you experience:
Before your period? _____

During your period? _____

After your period? _____

During ovulation? _____

How many times have you been pregnant? _____
How many deliveries? _____

Past gynecological conditions, including when:

Current gynecological conditions:

If you are here for fertility enhancement please continue:

How long have you been trying to get pregnant? _____
Western fertility tests performed

Findings of tests _____
Methods of contraceptives used and when _____

Fertility drug history _____
Age of husband/partner/donor _____ If donor, is sperm fresh or frozen

Pertinent fertility assessments of husband/partner

Method (s) of fertilization (natural, IUI, Vaginal, etc.) _____
