ATHENS NATURAL MEDICINE

Naturopathic Medicine and Acupuncture

Women's Fertility History Confidential

Dr. Martha E. Allen, ND, LAc, MSOM The Leather's Building
675 Pulaski Street Suite 1300 Athens, GA 30601
phone: 706-850-2512 email: aim@drmarthaallen.com

Name_____
Age_____Date of Birth_____
What was your age at the start of menstruation?_____
When was your last period?_____
How many days are there *between* your periods?___
Are your periods painful? ☐ Yes ☐ No
How many days does the pain typically last?___
How many days do you normally bleed?_____
How heavy is the bleeding? ☐ Light ☐ Normal ☐ Heavy
How many pads or tampons do you use on the heaviest days?_____
What color is the blood? ☐ Light red ☐ Red ☐ Dark red ☐ Brown ☐ Black
Are there any clots? ☐ Yes ☐ No
If so, what size are they? ☐ Tiny ☐ Dime ☐ Quarter
Do you bleed or spot between periods?_____
Do you have PMS? ☐ Yes ☐ No
If so, which of the following do you experience before or during your period?
___Breast tenderness ___Headaches ___Low back pain___Bloating___Cramping ___Constipation___Diarrhea____irritability ____Weepiness ____Acne _____Spotting
Other_____
Have you ever had an absence of menses for more than 3 months? ☐ Yes ☐ No
Have your cycles changed since they began? ☐ Yes ☐ No
How?_____
How many pregnancies have you had?
number ____ years ____
How many children do you have?
number ____ years ____
How many abortions have you had?
number ____ years ____
How many miscarriages have you had?
number ____ years ____
Have you ever had a cervical biopsy, conization, or cauterization? ☐ Yes ☐ No
Have you ever had an abnormal pap?
☐ Yes ☐ No
Have you ever had a sexually transmitted infection?☐ Yes ☐ No
Have you had vaginal infections?
☐ Yes ☐ No
If so, what type?_____
Do you have chronic vaginal discharge?
☐Yes ☐ No
Have you ever had pelvic inflammatory disease? ☐Yes ☐ No
How were you treated for it?_____
_____
Have you ever been diagnosed with uterine fibroids or polyps? ☐Yes ☐ No
Have you been diagnosed with polycystic ovarian syndrome? ☐Yes ☐ No
If so have you been treated for it and how?_____
_____
_____
Have you ever been diagnosed with endometriosis?
☐Yes ☐ No
Have you been diagnosed with pelvic adhesions? ☐Yes ☐ No
Have you been diagnosed with any pelvic abnormalities? ☐Yes ☐ No
Describe_____
_____
_____

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Have you taken any medications for gynecological conditions? Include birth control pills and number of years on them. conceive?_____
_____
_____
_____
How long have you been trying to conceive?
_____
Do you ovulate on your own? ☐ Yes ☐ No
On what day(s) of your cycle?_____
Have you done basal body temperature charting? ☐Yes ☐ No
Do you have symptoms during ovulation? ☐Yes ☐ No
If so, what are they
_____
_____
Have you had any fertility treatments? ☐Yes ☐ No
If so, when, where and what type?
_____
_____
_____
_____
Have you taken medicine to help you ovulate?
☐ Yes ☐ No
What? _____How long?_____
Have your fallopian tubes been evaluated medically? ☐ Yes ☐ No
What were the results? _____
_____
Do you have a single partner with whom you are trying to conceive? ☐ Yes ☐ No
If your partner is male, has he had a fertility workup? ☐ Yes ☐ No
What were the results? _____
Is your partner supportive of your wish to conceive? _____
Have you ever had a D & C? ☐ Yes ☐ No
Have you ever had an IUD? ☐ Yes ☐ No
Have you ever taken Depo Provera ☐Yes ☐ No
When?_____How long?_____
Have you had a diagnosis related to infertility? ☐Yes ☐ No
What was it?
_____
How is your sexual energy?
☐ Low ☐ Normal ☐ High
Do you douche? ☐ Yes ☐ No
Do you use vaginal lubricants? ☐ Yes ☐ No
What kind? _____
What is your current weight?_____
Maximum weight? _____Minimum weight?_____
Are you more than 20% ☐ **over** or ☐ **under** your ideal body weight? If so, check one above.
Have you ever had an eating disorder?
☐ Yes ☐ No
Do you have a stressful occupation?
☐Yes☐ No
Do you exercise regularly? ☐ Yes ☐ No
How often and what form?_____
Do you have excessive hair growth or facial hair? ☐ Yes ☐ No
Have you been exposed to any environmental toxins, heavy metals or pesticides? ☐ Yes ☐ No
Was your mother exposed to DES when she was pregnant with you? ☐ Yes ☐ No

I certify that the above information is accurate to the best of my knowledge.
Name_____Date_____