

**GLENVIEW HEALING ARTS CENTER
FEMALE QUESTIONNAIRE**

Name: _____ Date: _____

Menstrual Cycle:

Age started: _____ Age stopped: _____

Please check or explain if applicable

- Irregular _____
- Painful _____
- Excessive bleeding _____
- Lack of blood _____
- Dark color _____
- Pale color _____
- Clotting _____
- Water retention _____
- Painful breasts _____

Abnormal Vaginal Discharge

- Liquid _____
- Yellow _____
- Thick _____
- Bad odor _____
- White _____
- Other _____

Gynecological history or operations

- Hormonal Imbalance _____
- Ovaries _____
- Tubes _____
- Vagina _____
- Breast _____
- Other _____

Are you or might you be pregnant? _____ If yes, what month? _____

What method of birth control do you use? _____

Are you experiencing reduced sexual energies? _____

Other difficulties? _____

Do you have regular pap tests? _____ How regular? _____

Pregnancy:

Total number of pregnancies? _____

Number of children? _____ Their ages? _____

Number of miscarriages? _____ Number of abortions? _____

Complications? _____

FERTILITY ISSUES

Reproductive Information:

When did you start trying to conceive? _____

Is there a history of infertility in your family? _____

Are you recording Basal Body Temperature? _____ If so, for how long? _____

If applicable, when did you stop using birth control? _____

What method were you using? _____

Do you use tampons? _____ If so, for how many years? _____

Are you experiencing any other sexual problems? _____

During fertile days, do you have orgasm with intercourse? _____

Does your partner experience any problems with erection or ejaculation? _____

Any other sexual dysfunction? _____

Are you currently seeing a fertility specialist? _____ Whom? _____

Is the specialist a Reproductive Endocrinologist? _____

Length of time with this specialist? _____

Previous specialists:

and dates of treatment:

What courses of treatment have you received for infertility? _____

Medications

Dates

Were any cycles successful? _____

If so, did any pregnancies result in miscarriage? _____ Dates: _____