



MELISSA SLATTERY
MICHELLE WELLMAN

Suite 1,
142 Melbourne Street
North Adelaide 5006
P. 08 8361 7866
F. 08 8361 7999
E. mslattery@bigpond.com
www.melissaslattery.com.au
www.michellewellman.com.au

ENDOMETRIOSIS QUESTIONNAIRE

Please complete this form and return it to the rooms prior to, or at the time of your consultation.

Name & Contact Details:

Patient Profile: _____

Name _____

DOB _____

Number of pregnancies _____ Number of children _____

Which best describes your reason for making an appointment:

- you have symptoms and think that you may have endometriosis
- you have previously had endometriosis diagnosed
- you would like a second opinion

Is there a family history of endometriosis? _____ If so, who is affected? _____

Symptoms: Please mark with a tick which symptoms you experience or Please score your pain from 0 (no pain) to 10 (extreme pain)

Pelvic pain: with periods during or after intercourse between periods with a bowel motion
 with ovulation with urination

Back pain

Heavy periods How many days of blood loss? _____ How many tampons/ pads per day? _____

Irregular periods How often? _____

Constipation or diarrhoea Passage of blood from the bowels Premenstrual tension Difficulty becoming pregnant

Depression/ anxiety Do you experience other symptoms?

How long have you experienced these symptoms? _____

At what age did your periods start? _____ Are you using or have you ever used the contraceptive pill? _____

Previous Treatment: (Please mark with a tick which symptoms you experience)

If you have previously had endometriosis diagnosed

how was the diagnosis made? _____ how long ago? _____

what was the severity of endo? mild moderate severe do not know

what treatment have you had? surgical medical (tablets, injections or implants)

what other investigations have you had? _____

Have you ever been diagnosed with adenomyosis pelvic inflammatory disease (PID) adhesions

What kind of health care provider have you previously seen in relation to this problem? GP Gynaecologist

Endocrinologist Alternative therapist eg. Naturopath/ Counsellor or Psychologist/ Chiropractor other

Treatment expectations:

What kind of treatment are you interested in?

- pain control fertility treatment surgery drug treatment lifestyle suggestions alternative therapies

Do you require more information about endometriosis and treatment options?