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HEAVY PERIODS (MENORRHAGIA) 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 _____

Symptoms:

How long have you had trouble with heavy periods? _____
How long do your periods last? (days) _____
How often do they come? (days from start of one period to start of next) _____
How many days are heavy? _____
How often do you need to change pads/ tampons? _____
Do you experience flooding? _____
Have you ever been anaemic? _____ Are you taking iron tablets? _____
Do you have any associated period pain? _____

Previous investigations and treatment:

What kind of health care provider have you previously seen in relation to this problem? _____
 GP Gynaecologist alternative therapist eg. Naturopath other
Have you had previous investigations for this problem? (eg. Ultrasound, D&C) _____
Have you had previous treatment? _____
Have you ever been diagnosed with fibroids adenomyosis endometriosis pelvic inflammatory disease
When was your last PAP smear? _____ Was the result normal? _____

Treatment expectations:

What kind of treatment are you interested in?
 medical hormonal Mirena IUCD surgical lifestyle