



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

INFERTILITY QUESTIONNAIRE

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

Name & Contact Details:

Name _____ Date of Birth _____
Partners name _____ Partners date of birth _____

Your History:

How long have you been trying to conceive? _____

Have you ever been pregnant, _____

• was there any difficulty conceiving with previous pregnancies _____

• what was the outcome of any previous pregnancies _____

Are your periods usually regular _____

What is the length of your cycle – i.e. from the first day of one period to the first day of the next period _____

Have you ever been diagnosed with any of the following _____

Polycystic Ovarian Syndrome Endometriosis Ovarian cysts Pelvic Inflammatory Disease or Pelvic Infection

Adhesions Ectopic pregnancy Reversal of tubal ligation Fibroids _____

What methods of contraception have you used in the past? _____

Do you smoke? _____

How much alcohol would you drink per week on average? _____

Are you taking folic acid supplements? _____

Your Partners History:

Does your partner have any children from previous relationships? _____

If so was there any difficulty with conception? _____

Does your partner smoke? _____

How much alcohol would your partner drink per week on average? _____

Does your partner have any history of the following? Yes/No _____

undescended testes testicular infection varicocele vasectomy reversal

Does your partner have any major medical illnesses? _____

Have you or your partner had any previous investigations or treatment for infertility? Yes/No _____

Have you or your partner had any of the following investigations or treatment? _____

laparoscopy +/- dye studies hysterosalpingogram (HSG) pelvic ultrasound semen analysis

clomiphene tubal surgery in-vitro fertilization (IVF) intracytoplasmic sperm injection (ICSI)