AWARE WOMEN'S HEALTH

Level 1 / Suite 3 / 257 Melbourne St
North Adelaide SA 5006
Phone 08 8361 7866 Fax 08 8361 7929
reception@awarewomenshealth.com.au
awarewomenshealth.com.au

Fertility Questionnaire

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

YOUR DETAILS

Name:

Date of birth:

YOUR HISTORY

How long have you been trying to conceive?

Have you ever been pregnant? Y / N

Have you had difficulty conceiving with past pregnancies? Y / N

What was the outcome of any previous pregnancies?

Are your periods usually regular? Y / N

What is the length of your cycle (days from start of one period to start of next)?

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? Y / N

How many alcoholic drinks would you have per week?

Are you taking folic acid suppliments? Y / N

YOUR PARTNER'S DETAILS

Partner's name:

Partner's date of birth:

YOUR PARTNER'S HISTORY

Does your partner have children from previous relationships? Y / N

If yes, was there any difficulty with conception? Y / N

Does your partner smoke? Y / N

How many alcoholic drinks would your partner have per week?

Does your partner have a history of:

- ☐ Undescended testes
- ☐ Testicular infection
- ☐ Varicocoele
- ☐ Vasectomy reversal

Does your partner have any major medical illnesses? Y / N

If yes, please specify:

PREVIOUS INVESTIGATIONS AND TREATMENT

Have you or your partner had any previous investigations or treatment for infertility? Y / N

Have you or your partner had any of the following investigations or treatments:

- ☐ Laparoscopy +/- dye studies
- ☐ Hysterosalpingogram (HSG)
- ☐ Pelvic ultrasound
- ☐ Semen analysis
- ☐ Clomiphene
- ☐ Tubal surgery
- ☐ In-vitro fertilization (IVF)
- ☐ Intracytoplasmic sperm injection (ICSI)