

WISH

World Integrated Systems in Health

Dr. Sandra J. Bevacqua

Reproductive History Questionnaire

Age when menstruation began? _____

Have you had any previously sexually transmitted diseases in the past? _____ How were they treated?

Have you had PID (pelvic inflammatory disease) in the past? _____

Have you had a history of vaginal bacterial infections? _____

Yeast infections? _____ Frequency? _____

Any history of abnormal pap smears? If so, what type of treatment if any was used? _____

Have you ever been told your uterus was tilted, retroverted, tipped or anything else? Please explain. _____

Have you ever had any abdominal, lower torso or reproductive surgeries? Please explain. _____

Have you ever had any hard falls where you landed on your hips or rear end? _____

Have you ever been in any auto accidents? Please explain. _____

Have you ever had any of the following? Please elaborate.

- Ovarian cysts? _____
- Polycystic ovaries? _____
- Uterine fibroids? Polyps? Or other abnormalities? _____
- Endometriosis? _____
- Thyroid problems? _____
- Had nipple discharge while not nursing? _____

Have there been any changes in your menstrual cycle over the years? Please elaborate. _____

Please describe your menstrual cycle history, regularity and other details you think may be helpful. _____

Number of previous pregnancies and outcomes. _____

Have you had a history of miscarriages? Please elaborate. _____

Does anyone in your immediate family:

- Have a history of miscarriage? _____
- Have a history of difficulty conceiving or infertility? _____
- Have diabetes? _____
- Have autoimmune disease? Please elaborate. _____

Does your spouse smoke tobacco?

Have you ever smoked? _____ If so, how much, how often and for how long? _____

Are you able to identify when you are fertile each cycle? Please explain. _____

Is intercourse painful? _____

How often do you engage in intercourse? _____

Are there any performance or functional problems for either you or your spouse? Please explain. _____

How long have you been trying to conceive? And/or not using contraception? _____

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