



# FERTILITY HISTORY - WOMAN

CONFIDENTIAL

NAME LAST, FIRST, MIDDLE

DATE

Have you taken medication to help you ovulate? \_\_\_\_\_ Yes No  
When? \_\_\_\_\_  
How long? \_\_\_\_\_

Have your fallopian tubes been evaluated medically? \_\_\_\_\_ Yes No  
What were the results?

Have you had any tubal operations? \_\_\_\_\_ Yes No  
Have you had any hormone laboratory tests performed? Yes No  
What were the results?

Do you have a single partner with whom you have  
been trying to conceive? \_\_\_\_\_ Yes No  
How long have you been married or living together? \_\_\_\_\_  
Has he had a fertility workup? \_\_\_\_\_ Yes No  
What were the results?

Is your partner supportive of your wish to conceive? \_\_\_\_\_ Yes No  
How is your sexual energy? Low Normal High  
Do you douche regularly? \_\_\_\_\_ Yes No  
With what? \_\_\_\_\_  
Do you use vaginal lubricants? \_\_\_\_\_ Yes No  
Are you more than 20% *over* your ideal body weight? Yes No  
Are you more than 20% *below* your ideal body weight? Yes No  
Do you have a stressful occupation? \_\_\_\_\_ Yes No  
Do you exercise regularly? \_\_\_\_\_ Yes No  
Do you have excessive facial hair? \_\_\_\_\_ Yes No  
Do you have excessively oily skin? \_\_\_\_\_ Yes No  
Have you experienced excessive loss of head hair? \_\_\_\_\_ Yes No  
Have you noticed discharge from your nipples? \_\_\_\_\_ Yes No  
Was your mother exposed to diethylstilbestrol (DES) when she  
was pregnant with you? \_\_\_\_\_ Yes No  
Have you been exposed to any known environmental  
toxins or hormones? \_\_\_\_\_ Yes No

Are you presently taking steroids? \_\_\_\_\_ Yes No  
Have you taken oral contraceptives? \_\_\_\_\_ Yes No  
When? \_\_\_\_\_  
How long? \_\_\_\_\_  
Have you ever had an IUD? \_\_\_\_\_ Yes No  
When? \_\_\_\_\_  
How long? \_\_\_\_\_  
Have you ever taken DepoProvera? \_\_\_\_\_ Yes No  
When? \_\_\_\_\_  
How long? \_\_\_\_\_  
How long have you been trying to conceive? \_\_\_\_\_  
Have you had a diagnosis relating to infertility? \_\_\_\_\_ Yes No  
What was it?

## COMMENTS/NOTES:

**Michelle S. Buchanan, C.A.** Chinese Herbal Medicine & Massage  
Isthmus Acupuncture Center  
600 Williamson Street, Suite F  
Madison, WI 53703  
608.441.WELL (9355) • fax 608.441.9395  
msbuchanan@charter.net

