Medical Questionnaire

Henry Fertility ***Michael A. Henry, MD***

Name: Age: Ht: Wt:

Chief Complaint/Reason for visit:

When was the first day of your last menstrual period:

How often do your periods come? Are they regular?

How much pain or cramping do you have with your periods? □ none □ mild □ moderate □ severe

What pain medicine do you use for your cramps?

Are you using birth control now?

- If "Yes", what? (circle all that apply) □ Pills □ Condoms □ Tubal □ Depoprovera □ other
- If "No", how long have you not been using birth control _____

Do you experience excess facial hair?

Have you ever had Chlamydia, gonorrhea, pelvic inflammatory disease or PID? When?

How many times have you been pregnant?

	Year	Baby born alive?	End in Miscarriage?	Tubal pregnancy?	End in abortion?	How long to conceive?	Fertility treatment required?	Is current partner the father?
1st Pregnancy								
2nd Pregnancy								
3rd Pregnancy								
4th Pregnancy								
5th Pregnancy								

List any complications that you had with your pregnancies:

When was your last pap smear? Was it normal?

Have you had a mammogram? If so, when was your last one?

List the medicines you know that you are allergic to:

List your current medications (both prescription and over-the-counter):

List all surgeries that you have had (include C-sections and D&C's) :

List any medical problems that you have:

Do you smoke? How many packs per day?

How did you hear about Reproductive Care of Indiana?