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Woman's Fertility History

Confidential

Name _____	Date _____
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Date of last mense? _____

Age of first mense _____

Number of bleeding days _____

Typical days per cycle _____

Are you periods painful? ____yes ____no

How heavy is your bleeding? ____ heavy ____normal ____ light

What color is your blood? ____light red ____red ____ dull-brick red ____ wine red

____brown ____black

Is your menstrual blood ____thin & watery ____normal ____thick &clumpy

Are there clots? ____yes ____no

If yes, what size are your clots? ____ quarter size ____peas size ____stringy

Do you have cramps with your mense ____ yes ____no

Do they improve with heat ____yes ____no ____not sure

Do you take anything for your cramps ____ yes ____no if so what _____

Do you have PMS? ____yes ____no

Irritability/weepiness _____

Low back pain _____

Bloating _____

HA _____

Loose stool/constipation _____

Breast tenderness _____

Acne _____

How is your sexual energy? ____normal ____high ____low

Do you use vaginal lubricant _____yes ____no

Do you have any ovulatory pain? _____yes ____no

Do you spot between periods? _____yes ____no

Do you have cervical mucous during ovulation? _____yes ____no

Do you frequently get yeast infections? _____yes ____no

Have you had a Chlamydia infection? _____yes ____no

Have you ever had an abnormal pap smear? _____yes ____no

If yes, what was the outcome? _____

Have you ever had a venereal disease? _____yes ____no

Have you had uterine fibroids or polyps? _____yes ____no

Have you been diagnosed with Polycystic Ovarian Syndrome _____yes ____no

Do you have excessive facial hair? _____yes ____no

Do you have excessive body hair? _____yes ____no

