

## Cloud 9 Acupuncture Community Clinic

1671 W. Sterns Rd. Suite D., Temperance, MI 48182

Tel. (734) 847-0909 [www.cloud9acuclinic.com](http://www.cloud9acuclinic.com)

### Fertility In-Take Form

Name (First, Middle, Last): \_\_\_\_\_

How many days are there from one period to the next? \_\_\_\_\_

Date: \_\_\_\_\_

Date of last menstrual period \_\_\_\_\_

Age at which menses began \_\_\_\_\_

#      Years

Are your periods painful? \_\_\_\_\_

How many pregnancies have you had? \_\_\_\_\_

How many days do you normally bleed? \_\_\_\_\_

How many children do you have? \_\_\_\_\_

How heavy is the bleeding? (circle one)

How many abortions have you had? \_\_\_\_\_

Light    Normal      Heavy

How many miscarriages have you had? \_\_\_\_\_

What color is the blood? (circle one) Light red    Red      Dark red

How many times has a D&C been performed? \_\_\_\_\_

Purple              Brown              Black

Have you ever had an abnormal pap smear?

Is there clotting? \_\_\_\_\_

Have you ever had a cervical biopsy, operation, cauterization or conization?

Do you have premenstrual tension? \_\_\_\_\_

Have you ever had a venereal disease?

Does your face break out before or during your period? \_\_\_\_\_

Do you get yeast infections regularly?

Do your breasts become tender premenstrually? \_\_\_\_\_

Have you ever been diagnosed with a chlamydial infection?

Do you bleed or spot between periods? \_\_\_\_\_

Do you have chronic vaginal discharge?

Are your menstrual cycles spaced irregularly? \_\_\_\_\_

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Do you have any sores on your genitalia?

Have you ever had pelvic inflammatory disease?

Were you treated for it?

How \_\_\_\_\_

Date of last Pap smear \_\_\_\_\_

Have you ever been diagnosed with uterine fibroids or polyps?

Have you ever been diagnosed with endometriosis?

Have you been diagnosed with pelvic adhesions?

Have you been diagnosed with any pelvic abnormalities?

Have your cycles changed since they began?

How?

Do you ovulate on your own?

On what day of your cycle?

Do your breasts get tender at/during ovulation?

Do you get premenstrual low back pain?

Do your bowel movements become loose at the beginning of your period?

Have you taken any medications for gynecological conditions other than contraceptives?

Medications	Reason	How Long
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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Have you had fertility treatments?

If yes, when and where?

By whom?

What types?

Have you taken medication to help you ovulate?

When?

How long?

Have your fallopian tubes been evaluated medically?

What were the results?

Have you had any tubal operations?

Have you had any hormone laboratory tests performed?

What were the results?

Do you have a single partner with whom you have been trying to conceive?

How long have you been married or living together?

(cont.) Has he had a fertility workup?

What were the results?

Is your partner supportive of your wish to conceive?

Have you taken oral contraceptives?

When?

How long?

Have you ever had an IUD?

When?

How long?

Have you ever taken DepoProvera?

When?

How long?

How long have you been trying to conceive?

Have you had a diagnosis relating to infertility?

What was it?

How is your sexual energy?

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Do you douche regularly?

With what?

Do you use vaginal lubricants?

Are you more than 20% over your ideal body weight?

Are you more than 20% below your ideal body weight?

Do you have a stressful occupation?

Do you exercise regularly?

Do you have excessive facial hair?

Do you have excessive oily skin?

Have you experienced excessive loss of head hair?

Have you noticed discharge from your nipples?

Was your mother exposed to diethylstilbestrol (DES) when she was pregnant with you?

Have you been exposed to any known environmental toxins or hormones?

Are you presently taking steroids?

COMMENTS/NOTES: