

Menstrual History

Age at which Menses Began _____

Date of the first day of your last period _____

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

Do you bleed or spot between periods? yes no

Are your periods painful? yes no
How many days does the pain last? _____

How many days do you normally bleed? _____

How heavy is the bleeding? Light Normal
 Heavy

What color is the blood? Light red Red
 Dark red Purple
 Brown Black

Is there clotting? yes no
If yes: large clots small clots

Please check if you currently have any of the following premenstrual symptoms:

- Headaches
 - Breast tenderness
 - Irritability
 - Pimple breakouts/acne
 - Depression
 - Anxiety
 - Bloating
 - Weight gain
 - Cramping
 - Low Back Pain
 - Edema
 - Nausea
 - Heart pounding (palpitations)
 - Angry outbursts
 - Mood swings
 - Food cravings
 - Insomnia
 - Other
- _____
- _____

How many pregnancies have you had? _____

How many children do you have? _____

How many abortions have you had? _____

How many miscarriages have you had? _____

How many times has a D&C been performed?

Do you douche regularly? yes no

Do you use vaginal lubricants? yes no

How is your sexual energy? Low Normal High

Please check if you've ever had:

- Fibroids or polyps
 - Endometriosis
 - Pelvic adhesions
 - Fallopian tube blockage
 - Pelvic Inflammatory Disease (PID)
 - Amenorrhea
 - Hypothalamic anovulation
 - Hyperprolactinaemia
 - Polycystic Ovary Syndrome (PCOS)
 - Premature menopause
 - Resistant Ovary Syndrome
 - Autoimmune oopharitis
 - Ovarian, adrenal, or pituitary tumors
 - Post-pill amenorrhea
 - Any STD
Which one: _____
 - Abnormal pap smear
 - Regular yeast infections
 - Cervical biopsy or operation
 - Other
- _____
- _____

Are you currently taking birth control? yes no
What Kind? _____
How long? _____

Have you ever taken Birth control? yes no
What kind? _____
How long? _____

Have you ever had fertility treatments? yes no
If yes, When and Where?

What Types of treatment?

Please name any medications you are currently taking, including any herbs or supplements

