



## Female History (continued)

Welcome to Advanced Reproductive Center of Hawai'i. Please take a moment to provide the information requested below so our team can better serve you.



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### Menstrual history

How old were you when your period began? \_\_\_\_\_ Are they regular? NO YES  
What is the usual interval between the start of one period and the start of the next? \_\_\_\_\_  
How many days does your period last? \_\_\_\_\_ Is the flow heavy, moderate or light? \_\_\_\_\_  
Do you have bleeding between your periods? NO YES  
Do you have cramps? NO YES If yes, every cycle? NO YES  
Do you take any medications for pain relief? If yes, list \_\_\_\_\_ NO YES  
Do you get moody, depressed or bloated? NO YES  
When was the first day of your last period? \_\_\_\_\_

### Reproductive history

Who is your current Ob-Gyn physician? \_\_\_\_\_  
Who referred you for IVF treatment? \_\_\_\_\_  
How long have you been trying to get pregnant? \_\_\_\_\_ When was your last PAP Smear? \_\_\_\_\_  
Have you ever had an abnormal PAP Smear? If yes, when? \_\_\_\_\_ NO YES  
Have you ever had a mammogram? If yes, when? \_\_\_\_\_ NO YES  
Results? \_\_\_\_\_  
Have you ever had any sexually transmitted diseases? If yes, when? \_\_\_\_\_ NO YES  
Chlamydia Gonorrhea Herpes Other \_\_\_\_\_  
Have you ever been diagnosed with tubal disease? If yes, when? \_\_\_\_\_ NO YES  
Have you ever been diagnosed with endometriosis? If yes, when? \_\_\_\_\_ NO YES  
Have you ever been diagnosed with an ovarian cyst? If yes, when? \_\_\_\_\_ NO YES  
Have you ever been diagnosed with polycystic ovaries? If yes, when? \_\_\_\_\_ NO YES  
Have you ever been diagnosed with fibroids in your uterus? If yes, when? \_\_\_\_\_ NO YES  
Have you ever used an IUD? If yes, when? \_\_\_\_\_ NO YES  
Have you ever taken birth control pills? If yes, when? \_\_\_\_\_ NO YES  
Have you ever had pelvic inflammatory disease? If yes, when? \_\_\_\_\_ NO YES  
Do you have both of your ovaries? If no, which? \_\_\_\_\_ NO YES  
Did your mother take DES when she was pregnant with you? I Don't Know NO YES  
Have you ever had previous artificial inseminations? If yes, when? \_\_\_\_\_ NO YES  
Have you ever had a previous IVF attempt? If yes, when? \_\_\_\_\_ NO YES

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### Pregnancy history

List ALL pregnancies, specifying under outcome whether live-birth, stillborn, ectopic, miscarriage or abortion.

1	_____	_____	_____	_____
	PREGNANCY YEAR	OUTCOME	PREGNANCY LENGTH	FATHER (PRESENT, PARTNER/PREVIOUS)
2	_____	_____	_____	_____
	PREGNANCY YEAR	OUTCOME	PREGNANCY LENGTH	FATHER (PRESENT, PARTNER/PREVIOUS)
3	_____	_____	_____	_____
	PREGNANCY YEAR	OUTCOME	PREGNANCY LENGTH	FATHER (PRESENT, PARTNER/PREVIOUS)

Are there any birth defects in your family? If yes, when? \_\_\_\_\_ NO YES

### Social history

Do You smoke? If yes, how much per day? _____	NO	YES
Do you drink alcohol? If yes, how often? _____	NO	YES
Do you use illicit drugs? If yes, what and how often? _____	NO	YES