



**Lifecycles Wellness**  
Fertility Intake Form  
lifecycleswellness.com 647.428.7200

**Fertility Health History**

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

Age of your first menstrual cycle? \_\_\_\_\_  
Are your periods painful? \_\_\_\_\_ How many days does the pain last? \_\_\_\_\_  
How many days do you usually bleed? \_\_\_\_\_ How heavy? \_\_\_\_\_  
What color is the blood? ( ) light red ( ) red ( ) dark red ( ) purple ( ) brown  
Is there clotting? \_\_\_\_\_  
What are your premenstrual symptoms? \_\_\_\_\_  
Do you get acne breakouts before or during your period? \_\_\_\_\_  
Do your breasts become tender premenstrually? \_\_\_\_\_  
How many days from one period to the next? \_\_\_\_\_ Date of last period \_\_\_\_\_

Have your cycles changed since they began? \_\_\_\_\_  
Do you get yeast infections regularly? \_\_\_\_\_  
Have you ever had Pelvic Inflammatory Disease? \_\_\_\_\_

Date of last pap smear \_\_\_\_\_ Have you had an abnormal pap smear? \_\_\_\_\_  
Have you had a cervical biopsy, operation or cauterization? \_\_\_\_\_  
Have you been diagnosed with uterine fibroids? \_\_\_\_\_ endometriosis? \_\_\_\_\_

Date of last mammogram \_\_\_\_\_ Have you had an abnormal mammogram? \_\_\_\_\_  
Do you do a monthly breast self-exam? \_\_\_\_\_

What types of contraception do you or have you used in the past? How long did you use each?

\_\_\_\_\_  
\_\_\_\_\_

Between periods, how much discharge do you have, if any? \_\_\_\_\_  
Is it thin or thick? \_\_\_\_\_ Does it have a color? \_\_\_\_\_ An odor? \_\_\_\_\_

How many pregnancies have you had? \_\_\_\_\_ How many children do you have? \_\_\_\_\_  
Have you had an abortion? \_\_\_\_\_ Miscarriage? \_\_\_\_\_ D&C? \_\_\_\_\_

How long have you been trying to get pregnant? \_\_\_\_\_  
Have you had a diagnosis relating to fertility? \_\_\_\_\_

Please be assured that your information is confidential and will be shared only with your practitioners.



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Have you had fertility treatments? If so, what treatment and when?

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Have you taken medication to help you ovulate? If so, when and how long?

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Have your fallopian tubes been evaluated medically? If so, what were the results?

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Have you had any hormone laboratory tests? If so, what were the results?

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Has your partner had a fertility work-up? If so, what were the results?

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How often do you have intercourse? \_\_\_\_\_

Are you presently seeing a Fertility Doctor? \_\_\_\_\_

If so, name of Fertility Doctor and clinic \_\_\_\_\_

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