



Preparing To See Your Doctor

Questions for her

About your lifestyle

Do you smoke? Yes / No

If yes: How many cigarettes do you smoke a day?

Do you regularly drink alcohol? Yes/No

If yes: How many units do you drink per week?

(Small glass of wine, 125 ml = 1.5 unit, pint of beer = 3 units, spirits 25ml measure = 1 unit)

How would you describe your current stress levels? Low, moderate or high.

Do your current stress levels have an affect your relationship? Yes/No

Do you current stress levels affect you libido (sex drive)? Yes/No

Do you ever take recreational drugs? Yes/No

If yes: Please state which recreational drugs you take and how often you take them.

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What is your current weight?

What is your current height?

How many times to you exercise in a week?

Medical history

Are you currently or frequently taking any over-the-counter medication? Yes/No

If yes: Please state the medication and how often you take it.

Are you taking any regular prescribed medicines? Yes/ No

If yes: Please state the medication and how often you take it.

Do you have pre-existing medical conditions? Yes/ No

If yes: What are these?

Have you had any medical problems in the past? Yes/ No

If yes: What are these?

Are there any illnesses that run in your family? Yes/ No

Have you ever had a sexually transmitted disease? Yes/ No

If yes: What was this?

How old were you?

What treatment did you receive?

Have you ever had any pelvic or abdominal surgery? Yes/No

Do you or have you ever had endometriosis? Yes/No

About your periods

How old were you when your periods started?

Do you have regular periods? Yes/No

What is your cycle average cycle length (number of days between periods)?

Trying to conceive

How long have you been trying to get pregnant?

Before trying for a baby what was your regular method of contraception?

Have you had a baby before? Yes/No

Have you ever had a miscarriage?

Questions for him

About your life style

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Do your current stress levels affect you libido (sex drive)? Yes/No

Do you ever take recreational drugs? Yes/No

If yes please state which recreational drugs you take and how often you take them.

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What is your current weight?

What is your current height?

How many times to you exercise in a week?

What is your occupation?

Have you ever had a baby with a previous partner?

Medical history

Are you currently or frequently taking any over-the-counter medication? Yes/No

If yes: Please state the medication and how often you take it.

Are you taking any regular prescribed medicines? Yes/ No

If yes: Please state the medication and how often you take it.

Do you have pre-existing medical conditions? Yes/ No

If yes: What are these?

Have you had any medical problems in the past? Yes/ No

If yes: What are these?

Are there any illnesses that run in your family? Yes/ No

Have you ever had a sexually transmitted disease? Yes/ No

If yes: What was this?

How old were you?

What treatment did you receive?

Have you had testicular surgery?

Have you been treated for undescended testicles in your childhood?

Is there any reason that prevents you from having regular intercourse?
(e.g. work commitments involving extensive travel; shift work)

Are you having regular intercourse?

Have you used anything to maximise your chances of conception?

Have either of you previously taken any fertility tests? Yes/No

If yes: Please describe the test (s) and any results that you were given.

Additional information

Please make a note of any additional information here that you think could be useful for your doctor.

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