

## OBGYN WELLNESS FORM

You have opened this OBGYN Wellness form for a reason. Whether you are trying to understand your cycle more, make some sense out of your raging hormones or conceive. This questionnaire is designed to cover the most bases and some sections may not be necessarily relevant to you, just simply skip them. All of you ladies may be in completely different stages of investigative process, keep your calm and we will discuss everything face to face. Lastly, some questions may be quite sensitive, so take your time and be gentle with yourself. See you on the other side.

Name

Average cycle length

**BLEED**

Length   
 Flow   
 Colour   
 Spotting   
 Clots   
 First menarche

**OVULATION SYMPTOMS**

Mucus changes around ovulation   
 Spotting   
 Cramping   
 Other

**INTIMATE HYGIENE**

plain H2O  soap  feminine hygiene products   
 sanitary towels  tampons  cup  menstrual underwear

**PMS/PMDD SYMPTOMS**

when do you feel the symptoms the most   
 breast tenderness  mood swings  low abdomen pain   
 low back pain  cramping  cravings   
 migraines  nausea  vomiting   
 diarrhoea  acne  thrush   
 tension  UTI

Other:

**CONTRACEPTION**

pill  coil  condom  cycle tracking  none

**PERI/MENOPAUSAL SYMPTOMS**

since   
 flushes  weight gain  emotional fragility   
 fluid retention  vaginal dryness

TRYING TO CONCEIVE Y  N

GYNAECOLOGICAL HISTORY

- Abnormal Pap Smears
- PCOS
- Polyps
- UTIs
- Bacterial Vaginosis
- Cancer
- Unexplained pain in lower abdomen or back
- Pain on intercourse
- Bleeding  spotting  outside of menstruation
- Long  short  irregular  cycle
- Endometriosis
- Cysts
- Myomas
- STD
- Autoimmune
- Other
- Endomyosis
- Fibroids
- PID
- Yeast infections
- Thyroid disease
- Hormonal changes

Details:

Please note down any operations, previous pregnancies (including ectopic and molar), pre-term pregnancy, excessive blood loss or complications, loss, IVF cycles (and outcomes) and IUI

Any procedures / investigations / blood tests and findings

How long have you been trying to conceive (if applicable)

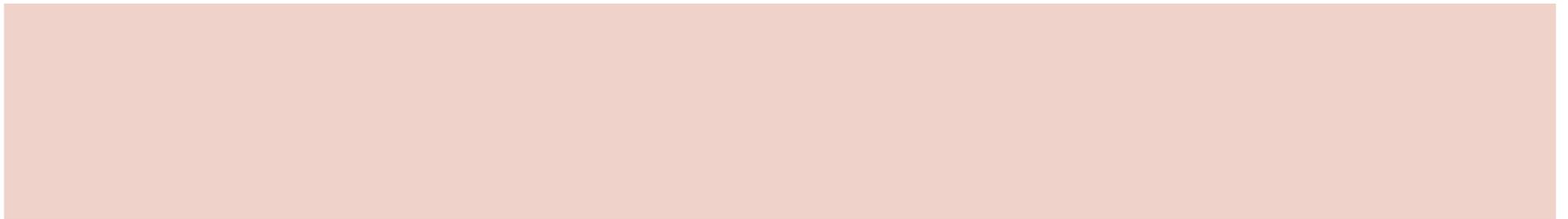
Partner's semen analysis findings (if applicable)

Supplements/ medications

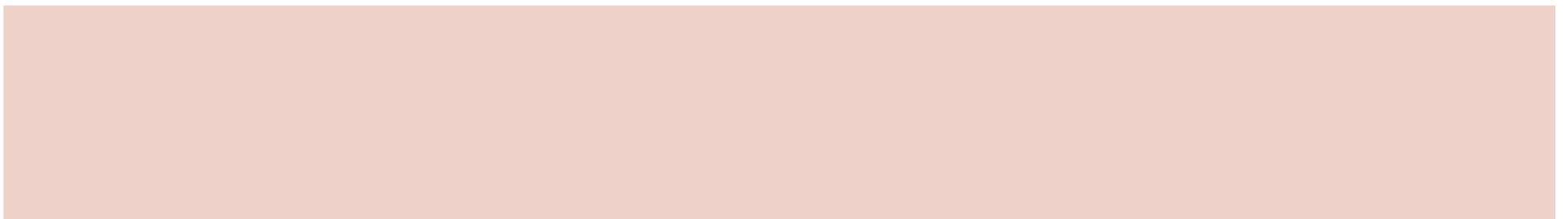
Is there anything you have tried already that either has or hasn't worked?

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How do you feel about your womb and your cycle and how would you like to feel?

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What's your relationship towards yourself like and if you wanted to make any changes, what would it be?

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If you are trying to conceive, what do you feel is the barrier or holds you back?

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