

**ADVANCED REPRODUCTIVE CARE CENTER of IRVING  
NEW PATIENT MEDICAL QUESTIONNAIRE**

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

Marital Status: Married Separated Divorced Single

Partner's name: \_\_\_\_\_ Age: \_\_\_\_\_

Your occupation: \_\_\_\_\_ Partner's occupation: \_\_\_\_\_

Your ethnicity: Caucasian African Hispanic Asian Ashkenazi Other \_\_\_\_\_

Partner's: Caucasian African Hispanic Asian Ashkenazi Other \_\_\_\_\_

**A. Medical History**

1. Medication you are taking: \_\_\_\_\_

2. Allergy: None known Iodine Shellfish Peanut

Drug allergies (and symptoms): \_\_\_\_\_

3. Do you use: Tobacco Alcohol Drugs How much: \_\_\_\_\_

4. Date of last Pap: \_\_\_\_\_ Not yet Normal Abnormal \_\_\_\_\_

5. Date of mammogram: \_\_\_\_\_ Not yet Normal Abnormal \_\_\_\_\_

6. Please indicate any significant illness you have had:

Anorexia, bulimia	Hepatitis B or C	Mitral valve prolapse
Asthma	Hypertension	Rheumatic fever
Arthritis	Hypothyroidism	Seizure disorder
Crohn's or Ulcerative Colitis	Hyperthyroidism	Stroke, thrombosis
Diabetes	Kidney disease	Ulcer (GI)
Heart disease	Lupus	Other _____

**B. Surgical History** (including cervical conization, cryosurgery and abortion) **Year**

1. Abortion	D&C	Cryosurgery	Conization	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____

**C. Menstrual History**

- At what age did you first have your period? \_\_\_\_\_
- How often do you have your periods? \_\_\_\_\_
- Do you have spotting before the start of your period? Yes No
- Do you pass clots of quarter size or larger during menses? Yes No
- Do you have painful cramps with your periods? Yes No
- Do you often have pelvic pain at other times besides your periods? Yes No

**D. Sexual History**

- How often do you have intercourse? \_\_\_\_\_
- Do you often have pain with intercourse? Yes No
- Have you had 3 or more sexual partners in the past? Yes No
- Have you ever had an abnormal pap smear? When? \_\_\_\_\_ Yes No
- Have you ever had pelvic inflammatory disease (PID)? Yes No
- Have you ever been diagnosed with a sexually transmitted disease? Yes No
- If yes: Chlamydia Gonorrhea HPV, papilloma Herpes Trichomonas
- Have you ever used : Birth control pill Ortho-Evra patch Nuva-Ring
- IUD Norplant Depo-Provera

**E. Review of System**

- Over the past 12 months have you gain or lost weight? \_\_\_\_\_ lbs Yes No
- How often do you exercise? \_\_\_\_\_ Type of exercise: \_\_\_\_\_
- Do you have excessive facial hair, body hair acne? Yes No
- Do you have to shave your face? How often? \_\_\_\_\_ Yes No
- Do you have breast discharge? Which side? \_\_\_\_\_ ,color \_\_\_\_\_ Yes No

**F. Pregnancy History**

Year of pregnancy	Is partner the father?	Miscarriage or Abortion?	Vaginal birth or C-section?	Term or premature?	Baby's sex	Complication

**G. Previous Fertility Treatment**

Treatment	# Cycle	When	# IUI	Physician	Outcome
Clomiphene					
Femara					
Bravelle, Follistim, Gonal-f, Repronex, Menopur					
In Vitro Fertilization			NA		

**H. Family Medical History**

**Who? Please indicate maternal (M) or paternal (P) side**

Cystic fibrosis \_\_\_\_\_ Cancer: breast \_\_\_\_\_  
 Hemophilia \_\_\_\_\_ uterus \_\_\_\_\_  
 Musc dystrophy \_\_\_\_\_ ovary \_\_\_\_\_ colon \_\_\_\_\_  
 Sickle cell dz \_\_\_\_\_ Other \_\_\_\_\_  
 Tay Sach \_\_\_\_\_ Diabetes \_\_\_\_\_  
 Thalassemia \_\_\_\_\_ Hypertension \_\_\_\_\_  
 Mental dz \_\_\_\_\_ Heart attack or stroke \_\_\_\_\_  
 Other: \_\_\_\_\_ Hypo Hyperthyroid \_\_\_\_\_

**I. Male Partner's Profile**

1. Has he been credited with any pregnancy (including miscarriages)? # \_\_\_\_\_ Yes No  
 Number of children? \_\_\_\_\_ Age of youngest child? \_\_\_\_\_
2. Has he ever had mumps radiation therapy chemotherapy? Yes No
3. Does he have diabetes hypertension frequent erectile problem? Yes No
4. Does he take regular medications? \_\_\_\_\_ Yes No
5. Has he ever had prostate problem? \_\_\_\_\_ Yes No
6. Has he had injury to the groin or genitalia? \_\_\_\_\_ Yes No
7. Did he have varicocele surgery testicular surgery vasectomy hernia repair? Yes No
8. Does he use: tobacco alcohol drugs How much? \_\_\_\_\_ Yes No
9. Other medical problems? \_\_\_\_\_