



ZHONG JING TCM

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Name:

DOB:

Address:

Telephone (Day):

Telephone (Evening):

Mobile:

E-mail:

Occupation:

Weight:

GP:

Medical and Fertility History:

- At what age your menses began?
- Are your periods painful?
- How many days do you normally bleed?
- How heavy is the bleeding?
- What colour is the blood? Is there clotting?
- Do you have premenstrual tension (PMT)?

- Do your breasts become tender pre-menstrually?
- Do you bleed or spot between periods?
- Are your menstrual cycle spaced irregularly?
- How many days your cycle is?
- Date of last menstrual period?
- Have you been pregnant before?
- Do you have any children?
- Have you had any abortion?
- Have you had any miscarriage and how many?
- Have you had any D&C and when?
- Have you ever had an abnormal pap smear?
- Do you get vaginal thrush regularly?
- Have you ever been diagnosed with Chlamydia infection?

- Have you ever had pelvic inflammatory disease?
- Were you treated for it?
- Date of last smear test?
- Have you ever been diagnosed with uterine fibroids or polyps?
- Have you ever been diagnosed with endometriosis?
- Have you been diagnosed with pelvic adhesions?
- Have you been diagnosed with any pelvic abnormalities?
- Have your cycle changed since it began?
- Do you ovulate on which day of your cycle?
- Do you produce fertile mucus during ovulation?
- Do your breasts get tender during ovulation?
- Do your bowel movements become loose at the beginning of your period?

- Have you had fertility treatment? When & where?
- Have you had any fallopian tubal operation?
- Hormone laboratory tests and ultra sound scan results?
- Your partner's semen tests result?
- How long have you been trying to conceive?
- Have you taken contraceptive pills? For how long?
- Have you been menstruate regularly since come off contraceptive pills?
- Have you had a diagnosis relating to infertility?
- Do you exercise regularly?
- Have you ever had any medical conditions?
- Have you taken any medications?
- Are you presently taking any medication?

- Supplementary information:

I/We consent to have TCM/Acupuncture treatment.

Signed:

Date: