Female Screening Questionnaire (Fertility)

Forms
Administration AF1.20

Name		**DOB (dd/mm/yyyy)**	
Address			

Body Mass Index	Height (*in cms*)?		Weight (*in kgs*)?	
When did you start trying to conceive?				

Menstrual History	
How many days is your menstrual cycle *(i.e. from start of one period to the start of next one)*?	
Date of last menstrual period?	
For how many days do you bleed?	
Do you have troublesome pain with your periods?	☐ Yes ☐ No
Do you know when you ovulate? ☐ Yes ☐ No If Yes:	
How do you know *(e.g. pain, mucus, ovulation kit)*?	
Approximately what day of your cycle is it?	

Cervical Smear		
Have you ever had an **abnormal** smear?	☐ Yes	☐ No
If yes, did you need treatment?	☐ Yes	☐ No
If yes, please give details:		

Previous Fertility Treatment Details		
Have you ever had fertility treatment or fertility investigations elsewhere?	☐ Yes	☐ No
If Yes, please give brief details and forward any paperwork you may have prior to your Doctor consultation		

Previous Pregnancy Details

Sexual History			
Have you ever had problems with sexual intercourse or vaginal examinations?	☐ Yes	☐ No	
Have you ever had a sexually transmitted infection?	☐ Yes	☐ No	

Medical History *(Include surgery/operations, childhood problems medical conditions e.g. asthma infection)*	
Current medications	
Allergies to medications	
Are you taking Folic acid?	☐ Yes ☐ No
Are you taking Vitamin D?	☐ Yes ☐ No

Family History *(Include history of serious hereditary disorders, birth defects and/or any multiple births)*

Lifestyle			
Cigarettes per day		Average weekly alcohol intake (units) *(I unit = ½ pint beer, 1 small glass wine)*	
Average weekly exercise undertaken			
Do you have any significant stresses in your life? ☐ Yes ☐ No If Yes, please provide details			
Is there any other information you think we should know e.g. Religious/Ethical concerns? ☐ Yes ☐ No If Yes, please provide details			

Zika and Pregnancy
Have you visited a Zika infected country in the last 6 months or have you any plans to? ☐ Yes ☐ No See link for information https://merrionfertility.ie/zika-virus/