



**OB/GYNECOLOGICAL HISTORY**

What symptoms are you experiencing due to the presence of fibroids?  
(Check the response that most closely reflects the severity of your symptoms)

	None	Mild	Moderate	Severe
<b>Menstrual Cramping</b>				
<b>Pelvic pain</b>				
<b>Frequent urination</b>				
<b>Abdominal bloating</b>				
<b>Pain during intercourse</b>				
<b>Other (Please describe):</b>				

Which one item listed above describes your most significant symptom?

\_\_\_\_\_

**MENSTRUAL HISTORY**

Are you post-menopausal? .....Yes No

Are your periods regular (22-35 days)? .....Yes No

Number of days in your cycle? \_\_\_\_\_

How many pads or tampons used during the heaviest day of your period? \_\_\_\_\_

Do you bleed between periods? .....Yes No

Do you pass clots? .....Yes No

Could you be pregnant? .....Yes No

What was the first day of your last menstrual cycle? \_\_\_\_\_

Do you use birth control? .....Yes No

If yes, what type? Check the appropriate box:

Injectable/Implantable          Condoms          Pills          Tubal ligation

## **GYN DISORDERS**

Please indicate whether you have had any of the following gynecologic disorders:

Endometriosis	Yes	No
Pelvic Inflammatory Disease	Yes	No
Pelvic adhesions	Yes	No
Adenomyosis	Yes	No

Other (please describe):

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## **PREVIOUS DIAGNOSTIC TESTS**

Please indicate whether you have had any of the following diagnostic tests:

Ultrasound	Date performed: _____
CAT scan	Date performed: _____
MRI	Date performed: _____
PAP smear	Date performed: _____
Endometrial biopsy	Date performed: _____

## **PRIOR TREATMENT OF SYMPTOMS**

Lupron injections within the last 3 months?                      Yes                      No

If yes, how many injections? \_\_\_\_\_ Date of last injection: \_\_\_\_\_

Oral contraceptives within the last 3 months?                      Yes                      No

Non-steroidal anti-inflammatory drugs (i.e. Advil) within the last 3 months?    Yes                      No

Depo-provera within the last 3 months?                      Yes                      No

Other (Provera, Aygestin, Megase, Synarel) within the last 3 months?                      Yes                      No

## **GYN SURGICAL HISTORY**

Myomectomy Date performed: \_\_\_\_\_

Myolysis Date performed: \_\_\_\_\_

D & C Date performed: \_\_\_\_\_

Ovarian cystectomy Date performed: \_\_\_\_\_

Endometrial ablation Date performed: \_\_\_\_\_

Tubal ligation Date performed: \_\_\_\_\_

Oophorectomy Date performed: \_\_\_\_\_