



## Female Menstrual/Reproductive History

Please take the time to fill out this questionnaire carefully. The information you provide will assist in making appropriate decisions about your treatment. All information is treated as confidential unless you grant permission to release it. If you have any questions, please ask. PLEASE PRINT AND COMPLETE.

Name \_\_\_\_\_ Date \_\_\_\_\_  
 Birthdate \_\_\_/\_\_\_/\_\_\_

Age at which menses began \_\_\_\_\_  
 Are your menstrual cycles spaced irregularly? \_\_\_Yes \_\_\_No  
 How many days are there from one period to the next? \_\_\_\_\_  
 Date of last menstrual period \_\_\_\_\_

How many days do you normally bleed? \_\_\_\_\_  
 Are your periods painful? \_\_\_Yes \_\_\_No  
 How heavy is the bleeding? \_\_\_Light \_\_\_Normal \_\_\_Heavy  
 What color is the blood? \_\_\_Light red \_\_\_Red \_\_\_Dark red \_\_\_Purple \_\_\_Brown \_\_\_Black  
 Is there clotting? \_\_\_Yes \_\_\_No  
 Do you bleed or spot between periods? \_\_\_Yes \_\_\_No If so, when: \_\_\_\_\_

Have your cycles changed since they began? \_\_\_Yes \_\_\_No How?  
 \_\_\_\_\_

Does your face break out before or during your period? \_\_\_Yes \_\_\_No  
 Do your breasts become tender premenstrually? \_\_\_Yes \_\_\_No

	Number	Years
How many pregnancies have you had?	_____	_____
How many children do you have?	_____	_____
How many abortions have you had?	_____	_____
How many miscarriages have you had?	_____	_____
How many times has a D & C been performed?	_____	_____

Have you ever had an abnormal pap smear? \_\_\_Yes \_\_\_No  
 Have you ever had pelvic inflammatory disease? \_\_\_Yes \_\_\_No  
 Were you treated for it? \_\_\_Yes \_\_\_No  
 How? \_\_\_\_\_

Date of last pap smear \_\_\_\_\_  
 Have you ever been diagnosed with uterine fibroids or polyps? \_\_\_Yes \_\_\_No  
 Have you ever been diagnosed with endometriosis? \_\_\_Yes \_\_\_No  
 Have you been diagnosed with pelvic adhesions? \_\_\_Yes \_\_\_No  
 Have you been diagnosed with any pelvic abnormalities? \_\_\_Yes \_\_\_No

Have you taken any medications for gynecological conditions other than contraceptives?

Medication	Reason	How long
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Have you ever had a cervical biopsy, operation, cauterization or conization? \_\_\_Yes \_\_\_No  
Have you ever had a venereal disease? \_\_\_Yes \_\_\_No  
Do you get yeast infections regularly? \_\_\_Yes \_\_\_No  
Have you ever been diagnosed with a Chlamydia infection? \_\_\_Yes \_\_\_No  
Do you have chronic vaginal discharge? \_\_\_Yes \_\_\_No  
Do you have any sores on your genitalia? \_\_\_Yes \_\_\_No

Have you had fertility treatments? \_\_\_Yes \_\_\_No  
If yes, when and where? \_\_\_\_\_  
By whom? \_\_\_\_\_  
What types? \_\_\_\_\_

Do you ovulate on your own? \_\_\_Yes \_\_\_No On what day of your cycle? \_\_\_\_\_  
What method do you use to determine ovulation? \_\_\_\_\_  
Do you have pain or cramping during ovulation? \_\_\_Yes \_\_\_No  
Do your breasts get tender at/during ovulation? \_\_\_Yes \_\_\_No  
Have you taken medication to help you ovulate? \_\_\_Yes \_\_\_No  
If yes, When? \_\_\_\_\_ How long? \_\_\_\_\_

Have your fallopian tubes been evaluated medically? \_\_\_Yes \_\_\_No  
What were the results? \_\_\_\_\_  
Have you had any tubal operations? \_\_\_Yes \_\_\_No  
Have you had any hormone laboratory tests performed? \_\_\_Yes \_\_\_No  
What were the results?  
\_\_\_\_\_

How long have you been trying to conceive? \_\_\_\_\_  
Have you had a diagnosis relating to infertility? \_\_\_Yes \_\_\_No  
What was it?  
\_\_\_\_\_

Do you have a single partner with whom you have been trying to conceive? \_\_\_Yes \_\_\_No  
How long have you been married or living together? \_\_\_\_\_  
Has your partner had a fertility workup? \_\_\_Yes \_\_\_No  
What were the results? \_\_\_\_\_  
Is your partner supportive of your wish to conceive? \_\_\_Yes \_\_\_No

Have you taken oral contraceptives? \_\_\_Yes \_\_\_No If so, When/How long? \_\_\_\_\_  
Have you ever had an IUD? \_\_\_Yes \_\_\_No If so, When/How long? \_\_\_\_\_  
Have you ever taken DepoProvera? \_\_\_Yes \_\_\_No If so, When/How long? \_\_\_\_\_  
Do you get premenstrual low back pain? \_\_\_Yes \_\_\_No  
Do your bowel movements become loose at the beginning of your period? \_\_\_Yes \_\_\_No  
How is your sexual energy? \_\_\_Low \_\_\_Normal \_\_\_High  
Do you douche regularly? \_\_\_Yes \_\_\_No If so, With what? \_\_\_\_\_  
Do you use vaginal lubricants? \_\_\_Yes \_\_\_No If so, What kind? \_\_\_\_\_  
Are you more than 20% over your ideal body weight? \_\_\_Yes \_\_\_No  
Are you more than 20% below your ideal body weight? \_\_\_Yes \_\_\_No  
Do you have a stressful occupation? \_\_\_Yes \_\_\_No  
Do you exercise regularly? \_\_\_Yes \_\_\_No  
Do you have excessive facial hair? \_\_\_Yes \_\_\_No  
Do you have excessively oily skin? \_\_\_Yes \_\_\_No  
Have you experienced excessive loss of head hair? \_\_\_Yes \_\_\_No

Have you noticed discharge from your nipples? \_\_\_Yes \_\_\_No

Was your mother exposed to diethylstilbestrol (DES) when she was pregnant with you?  
\_\_\_Yes \_\_\_No

Have you been exposed to any known environmental toxins or hormones? \_\_\_Yes \_\_\_No  
Are you presently taking steroids? \_\_\_Yes \_\_\_No

Are you currently taking or have you taken any supplements (herbs, vitamins, etc.) for hormone balance that were not indicated on your general health form? \_\_\_Yes \_\_\_No

If so, please indicate supplement, dosage, length of time taken, and any results:

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Please check the boxes that correspond to symptoms you experience. These answers help us in diagnosing your body's underlying imbalances and allow us to design a treatment program based on your own individual needs.

#### Kidney Yin Deficiency

- Lower back weakness, soreness, or pain, or knee problems
- Ringing in the ears or dizziness     Prematurely gray hair     Vaginal Dryness
- Scanty or Missing midcycle fertile mucus     Dark circles around or under your eyes
- Night sweats     Hot flashes     Are you afraid a lot
- Does your tongue lack coating? Does it appear shiny or peeled

#### Kidney Yang Deficiency

- Premenstrual low back pain     Lower back soreness or weakness
- Cold feet, especially at night     Colder than those around you
- Low libido     Are you often fearful     Wake at night or early in the morning to urinate?
- Urinate frequently and urine is diluted and/or profuse     Early morning loose, urgent stool
- Profuse vaginal discharge     Menstrual blood tends to be dull in color
- Cold cramps during your period that respond to a heating pad?
- Tongue pale, moist, and swollen

#### Spleen Qi Deficiency

- Fatigued often     Poor Appetite     Energy lower after a meal     Bloating after a meal
- Crave sweets     Loose stool, abdominal pain, or digestive problems
- Cold hands and feet     Cold nose     Feel heavy or sluggish in body or groggy in head
- Bruise Easily     Poor circulation     Varicose veins     Lack of strength in arms or legs
- Lacking in exercise     Prone to worry     Low blood pressure
- Sweat a lot without exerting yourself     Sick often or have allergies
- Dizzy or light-headed or visual changes when standing too quickly
- Menstruation thin, watery, profuse, or pinkish in color
- Tired around ovulation or menstruation     Spot a few days before your period comes
- Menstrual cramps with bearing down sensation in uterus
- Diagnosed with uterine prolapse     Diagnosed with hypothyroid or anemia
- Hemorrhoids or polyps
- Tongue look swollen, with teeth marks on the sides
- Pale, yellowish complexion

**Blood Deficiency (not necessarily equated with anemia)**

- Menses scanty and/or late
- Dry, flaky skin
- Prone to chapped lips
- Fingernails or toenails brittle
- Losing hair on your head (not in patches, but all over)
- Hair dry or brittle
- Diminished nighttime vision
- Dizzy or light-headed around period
- Lips, inner side of lower eyelids, or tongue are pale in color

**Blood Stasis**

- Menstrual flow ever brown or black in color
- Midcycle pain around you ovaries
- Painful, unmovable breast lumps
- Periodic numbness of you hands and feet (esp at night)
- Complexion appears dark or sooty
- Chronic hemorrhoids
- Menstrual blood contains clots
- Lower abdomen tender to palpation
- Abnormal lumps in your lower abdomen
- Piercing or stabbing menstrual cramps
- Diagnosed with endometriosis or uterine fibroids
- Tongue looks dark
- Dark spots on your tongue
- Veins beneath your tongue are twisty and swollen
- Dark spots in your eyes
- Diagnosed with vascular abnormality or blood clotting disorder

**Liver Qi Stagnation**

- Prone to emotional depression
- Prone to anger or rage
- Premenstrual irritability
- Bloating or irritable around ovulation
- Ovulation feels like it lasts longer than it should
- Breasts sore/sensitive at ovulation
- Nipple pain or discharge
- Premenstrual breast distention or pain
- Diagnosed with elevated prolactin levels
- Premenstrual bloating
- Pupils dilated and large
- Tongue dark or purplish in color
- Painful menses
- Menstrual cramps in external genital area
- Menstrual blood thick and dark, or purplish in color

**Heart Deficiency**

- Wake up early in the morning and have trouble getting back to sleep
- Heart palpitations, especially when anxious
- Nightmares
- Low in spirit or lacking vitality
- Agitation or extreme restlessness
- Fidget
- Tip of the tongue is red
- Crack in the center of your tongue that extends to the tip
- Sweat excessively, especially on your chest

**Excess Heat**

- Pulse rate rapid
- Mouth and throat usually dry
- Thirsty for cold drinks most of the time
- Feel warmer than those around you
- Wake up sweating or have hot flashes
- Break out with acne (especially premenstrually)
- Do you have a short menstrual cycle
- Vaginal irritation or rashes

**Dampness**

- Tired or sluggish after meals
- Fibrocystic breasts
- Cystic or pustular acne
- Urgent, bright, or foul-smelling stools
- Menstrual blood contains stringy tissue or mucus
- Prone to yeast infections and vaginal itching
- Overweight
- Joints ache, especially with movement
- Slimy, wet tongue

**Damp Heat**

- Signs of heat and/or dampness as indicated above
- Premenstrual Vaginal or rectal itching
- Foul-smelling, yellow, or greenish vaginal discharge

**Cold Uterus**

- Many symptoms of Kidney Yang category above
- Many symptoms of Blood Stasis above
- Lower abdomen feels cooler to the touch than the rest of your trunk