Natural Arts
Chiropractic & Acupuncture

FERTILITY ADDENDUM

Name _____ Date _____

Total # of ALL pregnancies _____ # of Miscarriages (< 20 wks) _____ # of Ectopic / Tubal pregnancies _____

Full Term (>37 wks) Deliveries _____ of these how many were; live births? _____ stillborn? _____

Premature (<37 wks) Deliveries _____ of these how many were; live births? _____ stillborn? _____ #

of Abortions _____ Pregnancies with birth defects? _____

How long have you been trying to conceive? _____

Been medically evaluated? Select if Y what is fertility diagnosis? _____

Hormone labs performed? Select if Y, results: _____

Fallopian tubes checked? Select if Y, results: _____

Tubal ligations performed? Select if Y, results: _____

Your partner been tested? Select if Y, results: _____

List all therapies (IVF, IUI, Meds, Acupuncture, etc) you **HAVE** done, **ARE** doing, **INTEND** to do & with **WHO:**

☐ Excessive hair loss	☐ Excessive facial hair	☐ Excessively oily skin	☐ Thyroid problems
☐ Face breakout at cycle	☐ Tender breasts at ovulation	☐ Low sex drive	☐ Steroids
☐ Oral Contraceptives	☐ IUD	☐ Depo Provera Shot	☐ Diaphragm
☐ Nipple discharge	☐ Vaginal Discharge	☐ Yeast Infections	☐ Vaginal Lubricants
☐ Genitalia sores	☐ Venereal Disease	☐ Chlamydia	☐ Abnormal PAP
☐ Pelvic adhesions	☐ Pelvic Inflammatory Disease	☐ Uterine Polyps	☐ Uterine Fibroids
☐ Endometriosis	☐ Cervical Biopsy	☐ Cervical Operation(s)	☐ Cervical Conization
☐ PMS (back pain/cramps)	☐ PMS (mood swings)	☐ Painful Periods	☐ Spot between Periods
☐ Clotting	☐ Painful Intercourse	☐ Bleed after Intercourse	☐ Regularly douche

Are you getting your period? Select If N, when was last time? If Y, how many days do you flow for?

Cycle flow: Select Typical color of blood: Select Are you ovulating? Select If Y, day you ovulate?

Days between periods? Age Menses Began? What day of your cycle are you currently on?