

## Preparing to see a doctor

### Setting out together

Making an appointment to see your doctor is one of the first positive steps you can take towards achieving your goal of having a baby. It's a chance to explore your questions about fertility and be reassured that you're doing all you can to make it happen. Make sure your partner is free to attend. Conception difficulties occur both in men and women. The investigation will be incomplete without his presence. During the consultation your doctor may conduct some simple tests.

You'll also be asked a series of questions to help your doctor establish factors that may influence your fertility. This tool will help you understand what to expect and help you prepare your answers.

**Before going to see your doctor, complete the missing information and print out a summary to take to your appointment.**

### Questions about the female partner

#### About your periods

At what age did you begin to menstruate? \_\_\_\_\_

Are your periods irregular or absent when you're off the contraceptive pill?

\_\_\_\_\_

Please give the dates of your last four periods, including the start and stop dates.

\_\_\_\_\_

How would you describe your pattern of bleeding and any other symptoms you may experience during your period? (E.g. heavy or light bleeding, pain, headaches, mood changes, etc.)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

#### About your efforts to conceive

What method of birth control have you used?

\_\_\_\_\_

When did you stop using any birth control?

\_\_\_\_\_

Is there any reason that prevents you and your partner from having regular intercourse?  
(E.g. work commitments involving extensive travel; shift work)

\_\_\_\_\_

How long have you been trying to get pregnant?

\_\_\_\_\_

Have you been pregnant in the past?

Yes

No

If yes: How long did it take you to get pregnant? \_\_\_\_\_

Have you had miscarriages?

Yes

No

If yes:

How many miscarriages have you had? \_\_\_\_\_

How many weeks into the pregnancy did the miscarriage occur? \_\_\_\_\_

How were your miscarriages resolved? \_\_\_\_\_

### About your medical history

Do you have a history of sexually transmitted disease?

Yes

No

If yes: Please provide additional information (diagnosis, age, how it was treated)

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Do you have a history of pelvic or genital infection?

Yes

No

If yes: Please provide additional information (diagnosis, age, how it was resolved)

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Have you had abdominal or pelvic surgery?

Yes

No

If yes: Please provide additional information (diagnosis, age, how it was resolved)

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Have you been diagnosed with endometriosis?

Yes

No

If yes:

How was the diagnosis made? \_\_\_\_\_

Have you had surgery? \_\_\_\_\_

Do you take any medication? \_\_\_\_\_

Have you been diagnosed with a chronic medical condition? (E.g. diabetes, high blood pressure, etc.)

Yes

No

If yes: Please provide further details of the treatment you're receiving.

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Have you had chemotherapy or radiation therapy?

Yes

No

If yes: Please provide details (your age when you were treated, length of treatment, reason for treatment)

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Do you have a history of endocrinological disorders? (Thyroid disorders, prolactin disorders, etc)

Yes  No

If yes: Please provide details and treatments you are taking or have received.

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### About your lifestyle

Do you smoke regularly?

Yes  No

If yes: Please specify when you began smoking and how many cigarettes per day you smoke.

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Do you drink alcohol regularly?

Yes  No

If yes: Please specify how many units of alcohol you take per day.

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Do you drink coffee regularly?

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Are your current stress levels beyond your ability to cope?

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Do you use illegal or recreational drugs?

Yes  No

If yes: Please specify which drugs you use and how often.

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Are you exposed to any toxic or chemical substances in the course of your daily life or work?

Yes  No

If yes: Please specify which substances you are exposed to and how often.

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## Questions to the male partner

### About your medical history

Do you have a history of sexually transmitted disease?

Yes  No

If yes: Please provide additional information (diagnosis, age, how it was treated)

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Do you have a history of genital infection?

Yes

No

If yes: Please provide additional information (diagnosis, age, how it was treated)

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Have you had testicular surgery?

Yes

No

If yes: Please provide additional information (diagnosis, age, how it was treated)

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Have you been treated for undescended testicles in your childhood?

Yes

No

If yes: Please provide additional information (diagnosis, age, how it was treated)

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Have you been diagnosed with a chronic medical condition? (E.g. diabetes, high blood pressure, etc.)

Yes

No

If yes: Please provide further details of the treatment you're receiving.

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Have you had chemotherapy or radiation therapy?

Yes

No

If yes: Please provide details (your age when you were treated, length of treatment, reason for treatment)

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Did you contract mumps after puberty? \_\_\_\_\_

## About your lifestyle

Have you been taking anabolic steroids that have not been prescribed by a doctor?

Yes

No

If yes: Please specify the kinds of steroids you have been taking and when.

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