

Dr. PJ (Pieta) Geyser

MB ChB (Stell) MMED (OetG) (Pret) FCOG (SA)

Kerkstraat 148
Rustenburg, 0299
Postnet Suite 83
Privaatsak X82329
Rustenburg, 0300

Tel: (014) 594 0340
(014) 594 0341
Faks: (014) 594 0342
Sel: 083 457 4980
epos: dr.pjg@mweb.co.za

Infertility Questionnaire

Female Name: _____ Age: _____

Male Name: _____ Age: _____

Were you referred? YES / NO If 'YES', by who? _____

INFERTILITY:

How long have you and your partner been together? _____

How long have you been trying to conceive? _____

Have you had any blood tests done? If you had please specify Laboratory: Ampath/Lancet/ _____

Was any diagnosis made before? YES / NO, if 'Yes' please specify _____

Have you had any treatment for Infertility before? YES / NO? If 'YES' please specify below.

When? _____ By Whom? _____

What treatment? _____

Patient (Female) previous tests done? _____

Previous tests done by your Partner/Spouse? _____

PREVIOUS PREGNANCIES:

Have you been pregnant before? YES / NO, If 'YES' how many times? _____

Miscarriages? YES / NO If 'YES' how many? _____

Pregnancy Information:

<u>Year of Pregnancies:</u>	<u>How many weeks gestation?</u>

Was a cause found in the Miscarriage? YES / NO, If 'YES' please state the cause: _____

CHILDREN:

Current Partner:	
Previous Partner:	

MALE:

Children from previous relationship? YES / NO

CONTRACEPTION:

What contraception was previously used? _____

Duration? _____ When did you stop using it? _____

MENSTRUAL CYCLE:

When was you last menstruation? _____

Is your cycle regular? _____

How many days apart? Please indicate X

Regular = 28 days	
26 – 30 days	
24 – 35 days	
20 – 45 days	

How many days does your Menstruation last? _____

How is your Menstruation flow - please circle the applicable; Little / Normal / Heavy flow.