



## Infertility Questionnaire Tubal part

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First Name \_\_\_\_\_ Last  
Name \_\_\_\_\_ D.O.B \_\_\_\_\_

Marital status:

Married \_\_\_\_\_ Single \_\_\_\_\_ Divorced \_\_\_\_\_ Widow \_\_\_\_\_

Occupation \_\_\_\_\_

Please answer the following questions. Be assured that your answers will be kept confidential.

1. Did you ever have pelvic exam by your Gynecologist? Yes No  
If yes when \_\_\_\_\_

2. What was Gynecologist's findings \_\_\_\_\_

3. Did any procedure of surgery was ordered that time? Yes No

If yes when and what \_\_\_\_\_

4. Have you ever been pregnant before? Yes No

Number of live births: \_\_\_\_\_

Number of vaginal deliveries: \_\_\_\_\_

Number of miscarriages/still births:  
\_\_\_\_\_

5. How long you been trying to get pregnant? Yes No

6. What day of your cycle do you usually ovulate? \_\_\_\_\_

7. Did you ever have had pain in pelvic area? Yes No  
If yes please describe\_\_\_\_\_

8. Did you ever have pain in abdominal area? Yes No  
If yes please describe\_\_\_\_\_

9. Did you ever felt sensation of pressure in pelvis? Yes No

10. Did you ever have any abnormal vaginal discharge? Yes No  
If yes please describe\_\_\_\_\_

11. Did you ever have any abnormal vaginal bleeding? Yes No  
If yes please describe\_\_\_\_\_

12. Did you ever felt any pelvic mass? Yes No  
If yes please describe\_\_\_\_\_

13. Have you had any other pelvic tests/procedures relating to your diagnosis, i.e., ultrasound, pelvic laparoscopy, D&C, tubal ligation? Yes No

DATE	PROCEDURE/EXAM	RESULTS

