

Servy Institute for Reproductive Endocrinology

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Gynecological History

Name _____ Chart Number _____ Date _____

Menstrual History:

Age of first menstrual cycle _____

Average number of days between cycles _____

Average duration of cycle _____

Any pain with cycle? None Mild Moderate Severe

Any premenstrual symptoms? None

Breast tenderness

Backache

Headache

Moodiness

Others _____

How heavy is your flow? Spotting Light Medium Heavy

What is the first day of your last cycle? _____

Do you experience a monthly discharge? Yes No

Describe _____

Have you ever been pregnant? Yes No

Gestational History:

	Child 1	Child 2	Child 3	Child 4	Child 5
Date of Birth					
Gestational age					
Sex					
Weight at birth					
Location of delivery					
Type of delivery					
Current age					