

Insert Practice Name and Logo here

In an effort to provide the best experience during your office visit today and help us keep current on your health, please take a few minutes to complete the following questions. Thank you!

Name _____ Today's Date _____

MENSTRUAL PERIODS

1. When was your last period? _____
2. How long does your average monthly period last? _____ days
3. Do you ever feel as though your periods impact the quality of your life? ☐ Yes ☐ No
4. Do you experience irregular, inconsistent, and / or heavy bleeding? ☐ Yes ☐ No
5. Are your periods painful? ☐ Yes ☐ No
6. Do you experience bulk or bloating symptoms, even when you're not on your period? ☐ Yes ☐ No
7. Do you feel abdominal or pelvic pain or pressure? ☐ Yes ☐ No
8. Do you experience pain during sex? ☐ Yes ☐ No
9. Do you feel constipated and uncomfortable during your periods? ☐ Yes ☐ No

URINARY HEALTH

1. Do you ever leak urine when you cough, laugh or sneeze? ☐ Yes ☐ No
2. Do you ever feel as though you have to urinate too frequently or urgently? ☐ Yes ☐ No
3. Do you ever experience painful urination? ☐ Yes ☐ No

OTHER - Are there any concerns/issues that you would like to discuss today?

7 out of 10 women suffer from symptomatic fibroids. If you answered yes to any of these questions, you may be one of them. Talk to your doctor if you are interested in learning about a procedure that could help relieve your symptoms.