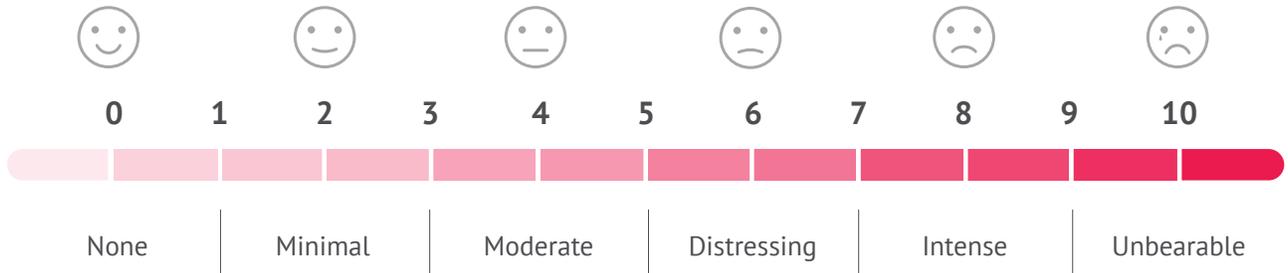


Doctor's Visit Worksheet

What symptoms have caused you to seek medical advice? When did they start? *(Try to be specific.)*

_____	MM • YY		_____	MM • YY
_____	MM • YY		_____	MM • YY



Indicate pain level in the following situations:

- During your period: _____
- During or after sex: _____
- On a moderate day: _____
- On a really difficult day: _____

What do you typically do to manage pain?

Describe how your symptoms affect your day-to-day living *(work, school, home life, activities, etc.):*

The reason for seeking time with your doctor:

- Pain management
- Gain control over symptoms
- Identify a diagnosis
- Monitor disease progression
- Get a second opinion

Describe your preferred qualities

in a health care provider: *(Consider factors such as expertise, cost, age, gender, convenience, etc.)*

Notes from doctor/ next steps:

Period Tracker

- What age did your first menstrual cycle begin? _____
- How old are you now? _____
- How many days does your period last? _____
- How long is your menstrual cycle? _____
(from the start of one period to the start of the next)

First day of your last period:

Are you:

- Perimenopausal Postmenopausal I don't know

Reproductive history (pregnancies, child births, infertility, etc.):

Medical history

- Have you received any previous diagnosis for a gynecologic issue? No Yes _____
- Previous gynecological surgeries, tests, and treatments:

Procedure/Test/Treatment	Date	Notes (provider, results, etc.)

- Family history of endometriosis or undiagnosed menstrual symptoms (grandmother, mother, aunt, sister):

- Current medications (include prescription and any over-the-counter meds you regularly take):

Medication	Dose & Frequency	Notable Side Effects

- Your health care professional team:

Name	Specialty	Contact Info	Date of Last Visit