

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

For each of the following situations, indicate:	Average number of soaked pads/tampons per day	Typical pain level (1 = None to 10 = Unbearable)
During your period		
During or after sex		
On a moderate day		
On a really difficult day		

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
- Fertility or pregnancy questions

Describe your preferred qualities

in a health care provider: *(Consider factors such as experience, 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 and plans (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