

# ***Infertility History***

## ***General***

- How long been trying etc

## ***Coitus***

- Coitus frequency
- Difficulties
- Relation to fertile days
- Pain

## ***The partners***

Consider each separately:

- Age
- Occupation
- Previous children (same or different partner?)
- Smoking and alcohol use
- Current medications

## ***Woman's gynaecological health***

- Current symptoms/problems
  - Gynaecological system review
    - Discharge
    - Pain
    - Abnormal PV bleeding
  - PCOS symptoms
    - Hirsutism
    - Greasy skin
    - Obesity
  - Prolactinoma symptoms
    - Nipple discharge
- Gynaecological history (**MOSC**)
  - **M**enstrual history
  - **O**bstetric history
  - **S**exual history
  - **C**ervical smears & contraception history
  - PMHx (especially abdominal/pelvic operations, past STIs/PID, previous fertility Ix/Tx)
  - DHx
  - FHx
  - SHx