

Information to fill in before visits or surgery

First and Last Name.....telemail

Pain

Start (acutr or chronic)

Since how long : (recent – weeks –months - years)

Type and severity of the pain :

Pain during menses : /3

Every day pain : /3

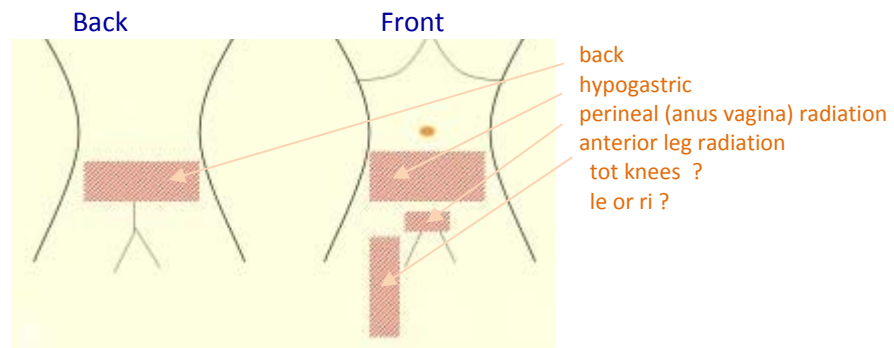
During intercourse : /3

Pain when passing stools : /3 (during menstruation)

Pain during micturition : /3. (during menstruation)

Localisation and radiation of the pain

(indicate on drawing)



Infertility

Since when:

Exploration

ovulation

transport

implantation

cervical function

Sperm count

IVF attempts How much : ; where? Results ?

Investigations (brenge results with you)

Ultrasound When ? by whom ? results ?

Laparoscopy

IVP

Contrast enema

other MRI CATscan

Previous Interventions for endometriosis

: where ?when ?by whom ? Laparoscopy, laparotomy ? ; bowel resection ? Complete ? Postop medical therapy ? .