

# Dr. Honey & Dr. Cohen

Obstetrics and Gynecology

## Consult for Tubal Ligation

Name: \_\_\_\_\_

Date: \_\_\_\_\_

### Please answer the following:

What is your age? \_\_\_\_\_

How many times have you been pregnant? \_\_\_\_\_ Number of children? \_\_\_\_\_

What was the **first** day of your last period? \_\_\_\_\_ Are they regular? \_\_\_\_\_

How many days from the beginning of one period to the next? 28? 26-35? \_\_\_\_\_

Are the periods heavy? (Y /N). Which days? \_\_\_\_\_

Are the periods painful? (Y /N). Which days? \_\_\_\_\_

What are you doing to prevent pregnancy now? \_\_\_\_\_

What methods of birth control have you used in the past? \_\_\_\_\_

Why would you prefer tubal ligation over:

The Pill/Patch/Ring \_\_\_\_\_

Depo Provera (the needle) \_\_\_\_\_

IUD \_\_\_\_\_

Condoms/Diaphragm \_\_\_\_\_

Vasectomy \_\_\_\_\_

### General health:

List any medical conditions that you have: \_\_\_\_\_

Have you been diagnosed with Sleep Apnea? ( Y / N )

List any surgeries that you have had: \_\_\_\_\_

List your medications and dosages: \_\_\_\_\_

List any allergies to medications: \_\_\_\_\_ Latex Allergy? ( Y / N )

Are you a smoker? ( Y / N ). How Much? \_\_\_\_\_. Drinks per week \_\_\_\_\_. Cannabis ? ( Y / N )

When was your last Pap smear? \_\_\_\_\_. Have you had any abnormal Paps?( Y / N )

### Family History:

Please list which family member had which of the above cancers. \_\_\_\_\_

Do you have a family history of breast, ovary, uterine or cervical cancer? \_\_\_\_\_

### Social History:

Do you have a stable partnership? \_\_\_\_\_

What do you do/did for a living? \_\_\_\_\_

Thank you for completing this questionnaire.

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