FORESIGHT PRE-CONCEPTION QUESTIONNAIRE

Female Partner:	**Male Partner:**
First Name:	First Name:
Surname:	Surname:
Address:	Address:
Postcode:	Postcode:
e-Mail:	e-Mail:
GP's details:	GP's details:
Occupation:	Occupation:
Date of Birth (DOB):	Date of Birth (DOB):
Height:	Height:
Weight:	Weight:

HAIR SAMPLE INFO (please give hair product details below)**:**

	Female:	**Male:**
Bleach or colouring		
Highlights or tints		
Perm		
Shampoo		
Conditioner		

FEMALE REPRODUCTIVE HISTORY

Sex (child)	Birth weight	Year	Sex (child)	Birth weight	Year

Please give number and dates:

Perinatal death(s):

Miscarriage(s):

Premature birth(s):

Therapeutic termination(s):

Stillbirth(s):

SIDS:

Small baby(s) at term:

Malformation(s) — please give details:

Problems during pregnancy?

Lactation (e.g. how long):

Allergic illness and other health problems with children:

INFERTILITY

Female: yes/no, number of years? _____ Male: yes/no, number of years? _____

Previous fertility treatment? yes/no — Success? yes/no

IVF					
LUI					
ICSI					

Consultant: ______________________________

Clinic: ______________________________

Please name any fertility drugs used (e.g. Clomid, Danazol): ______________________

CONTRACEPTION

How long? ____________ Dates: ___________________________

Coil ☐ - pill ☐ - diaphragm ☐ - sheath ☐ - female condom ☐ - sponge ☐

Natural family planning ☐ - personal ☐ - none ☐

Have you been immunised for rubella? yes/no - when? ______ When Checked? ______

ENVIRONMENTAL TOXICITY PROFILE (please tick exposure accordingly)**:**

M - F		M - F	
☐ - ☐	Algicides (copper containing)	☐ - ☐	Gas fire or cooker
☐ - ☐	Aluminium kettle	☐ - ☐	Greenhouse smoke bombs
☐ - ☐	Aluminium pans	☐ - ☐	Herbicides
☐ - ☐	Amalgam removal	☐ - ☐	Work/live near mobile mast or pylon
☐ - ☐	Antacids	☐ - ☐	Microwave
☐ - ☐	Ascot type water heater	☐ - ☐	Mobile Phone Use
☐ - ☐	Chemical fly killer use	☐ - ☐	Moth balls
☐ - ☐	Cling film	☐ - ☐	Paint stripper
☐ - ☐	Coffee-mate	☐ - ☐	Pesticides
☐ - ☐	Copper or brass jewellery	☐ - ☐	Photocopier
☐ - ☐	Electric blanket use	☐ - ☐	Sun-bed
☐ - ☐	Fluoridated water	☐ - ☐	Tinned food or drinks
☐ - ☐	Foil wrap	☐ - ☐	Tuna, swordfish or mackerel
☐ - ☐	Food additives	☐ - ☐	VDU
☐ - ☐	Gas boiler	☐ - ☐	Wallpaper remover (toluene)

FEMALE TOTAL SCORE: _______ MALE TOTAL SCORE:_______

MALE FERTILITY STATUS

Have you had a sperm count? yes/no … if yes please state number of million: ________

% malformed: ________ % immotile: ________ clumping? yes/no

In the past have you had (please tick if yes): mumps ☐, non-specific uritis ☐, Rubella ☐, testicular cancer ☐, varicoceal ☐, vasectomy reversal ☐

Have you or do you use cannabis? yes/no.

Have you been checked or treated for (please tick if yes and give details e.g. year etc.):

	detail		**detail**
☐ AIDS		☐ Haem. influenza	
☐ Anaerobic bacteria		☐ Haem. strep.	
☐ B. strep.		☐ Herpes	
☐ Candida		☐ Klebsiella	
☐ Chlamydia		☐ Mycoplasma	
☐ Cytomegalovirus		☐ Staph. aureas	
☐ E. Coli		☐ Strep. millerii	
☐ Enterococcus		☐ Syphilis	
☐ Gardnerella		☐ Toxoplasmosis	
☐ Genital Warts		☐ Trachimonas	
☐ Gonorrhoea		☐ Ureaplasma	

Notes:

FEMALE GYNAECOLOGICAL HISTORY

DO or DID you suffer from any of the following:

do	did		do	did	
☐	☐	Amenorrhea (no periods)	☐	☐	Low back pain
☐	☐	Anovulation	☐	☐	Malformed womb
☐	☐	Breast lumps (benign)	☐	☐	Ovarian cysts
☐	☐	Cystitis	☐	☐	Ovulation pain
☐	☐	Endometriosis	☐	☐	Pain on intercourse
☐	☐	Fallopian tubes blocked	☐	☐	Painful periods
☐	☐	Fallopian tubes malformed	☐	☐	Premenstrual tension
☐	☐	Fallopian tubes removed	☐	☐	Thush
☐	☐	Fallopian tubes twisted	☐	☐	Vaginal burning
☐	☐	Fibroids	☐	☐	Vaginal discharge
☐	☐	Frequent urination	☐	☐	Vaginal irritation
☐	☐	Genital ulcers	☐	☐	Water retention
☐	☐	Irregular periods			

Have you been checked or treated for (please tick if yes and give details e.g. year etc.):

	detail		detail
☐ AIDS		☐ Haem. influenza	
☐ Anaerobic bacteria		☐ Haem. strep.	
☐ B. strep.		☐ Herpes	
☐ Candida		☐ Klebsiella	
☐ Chlamydia		☐ Mycoplasma	
☐ Cytomegalovirus		☐ Staph. aureas	
☐ E. Coli		☐ Strep. millerii	
☐ Enterococcus		☐ Syphilis	
☐ Gardnerella		☐ Toxoplasmosis	
☐ Genital Warts		☐ Trachimonas	
☐ Gonorrhoea		☐ Ureaplasma	

Notes:

DEFICIENCY SYMPTOM PROFILE (please tick accordingly):

M - F		M - F	
☐ - ☐	Acne	☐ - ☐	Grooved tongue
☐ - ☐	Apathy	☐ - ☐	Hair loss
☐ - ☐	Back pain	☐ - ☐	Halitosis
☐ - ☐	Bleeding gums	☐ - ☐	Headaches
☐ - ☐	Bloating	☐ - ☐	Heavy sweating
☐ - ☐	Body odour	☐ - ☐	Insomnia
☐ - ☐	Brittle nails	☐ - ☐	Irritability
☐ - ☐	Bruising	☐ - ☐	Lank hair
☐ - ☐	Catarrh	☐ - ☐	Memory loss
☐ - ☐	Cold hands and feet	☐ - ☐	Nervousness
☐ - ☐	Constipation	☐ - ☐	Palpitations
☐ - ☐	Cramps	☐ - ☐	Panic attacks
☐ - ☐	Dandruff	☐ - ☐	Sensitive to light
☐ - ☐	Dental decay	☐ - ☐	Sensitive to noise
☐ - ☐	Diarrhoea	☐ - ☐	Short sight
☐ - ☐	Dizziness or vertigo	☐ - ☐	Stretch marks
☐ - ☐	Early grey hair	☐ - ☐	Tinnitis
☐ - ☐	Fatigue	☐ - ☐	Urticaria
☐ - ☐	Griping or bowel cramps	☐ - ☐	White spotted nails

ILLNESS PROFILE (please tick present or previous ailments accordingly):

PAST	NOW		PAST	NOW	
M - F	M - F	Anorexia	M - F	M - F	High blood pressure
☐ - ☐	☐ - ☐	Arthritis (osteo-)	☐ - ☐	☐ - ☐	IBS
☐ - ☐	☐ - ☐	Asthma	☐ - ☐	☐ - ☐	Lank hair
☐ - ☐	☐ - ☐	Cancer	☐ - ☐	☐ - ☐	Lumbago
☐ - ☐	☐ - ☐	Coeliac disease	☐ - ☐	☐ - ☐	ME
☐ - ☐	☐ - ☐	Depression	☐ - ☐	☐ - ☐	Migraine
☐ - ☐	☐ - ☐	Diabetes	☐ - ☐	☐ - ☐	Mouth ulcers
☐ - ☐	☐ - ☐	Dyslexia	☐ - ☐	☐ - ☐	MS
☐ - ☐	☐ - ☐	Ear Infections	☐ - ☐	☐ - ☐	Obesity
☐ - ☐	☐ - ☐	Eczema	☐ - ☐	☐ - ☐	Rheumatism
☐ - ☐	☐ - ☐	Epilepsy	☐ - ☐	☐ - ☐	Rheumatoid arthritis
☐ - ☐	☐ - ☐	Haemarrhoids	☐ - ☐	☐ - ☐	Sciatica
☐ - ☐	☐ - ☐	Heart disease	☐ - ☐	☐ - ☐	Varicose veins

FEMALE TOTAL SCORE: _______ MALE TOTAL SCORE:_______

DRUG USE PROFILE (tick regular use of)**:**

M - F	**Male**	**Female**
☐ - ☐ Alcohol	Number of units per week:	No. units per week:
☐ - ☐ Anti-Depressants		
☐ - ☐ Cigarettes	Number per week:	Number per week:
☐ - ☐ Diuretics		
☐ - ☐ Insulin		
☐ - ☐ Laxatives		
☐ - ☐ Painkillers		
☐ - ☐ Recreational Drugs	Name (type):	Name (type):
☐ - ☐ Sleeping Tablets		
☐ - ☐ Steroids		
☐ - ☐ Tranquillizers		

Other Medications Used: Female Partner

Other Medications Used: Male Partner

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