

Questionnaire

Please complete this form prior to faxing or calling:

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Best number to contact you at: _____

Email address: _____

How old are you? _____ Birth date: _____

How much do you weigh? _____

How tall are you? _____

If you are over 200 pounds-would you say most of your fat is in the belly?

How many pregnancies? _____

Outcomes of each pregnancy? _____

Have you had a c-section? _____ If so, how many? _____

How long since your tubal ligation? _____

Do you know what method was used to "tie your tubes"? _____

Have you contacted the hospital to get a copy of the operative report? _____

Please list any previous surgeries you have undergone? _____

Do you have any medical problems? _____

Taking any medications? _____

How many more children would you like to have? _____

Where do you live? _____

Has your partner had a semen analysis? _____