

Name: _____

Date: _____

Use this form when you visit your OB/GYN with issues or questions concerning uterine fibroids or heavy or irregular menstrual bleeding. Write notes in the space provided, then file the form with your medical records, so that you have your own documentation of what was said and done for future reference.

Have you:

ρ Described your symptoms to your doctor, including:

ρ Abdominal pain?

ρ Urinary tract problems?

ρ Irregular or heavy bleeding?

ρ Lower back pain?

ρ Infertility or miscarriage?

ρ Changes in energy level?

ρ Digestive symptoms?

ρ Infertility or miscarriage?

ρ Any recent or long-standing abnormalities in your health, reproductive or otherwise?

ρ Asked for information on *all* of the treatment options, including newer treatments such as uterine fibroid embolization (UFE), robotic myomectomy (also for fibroids), and Mirena IUD treatment (for excessive bleeding)?

ρ Discussed with your doctor the possibilities for addressing your symptoms in both the long- *and* short-term? (For example, treatment for pain is something that can start right away, while treatment to fix the underlying problem or problems may take longer, but you are entitled to *both* types of care.)

ρ Sought a second opinion if your doctor recommends aggressive treatments such as hysterectomy, seems reluctant to talk openly about the options available to you, or suggests anything you are uncomfortable with?

Notes:

Menstrual & Fibroid Checklist

www.fibroids1.com

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