

MEDICAL HISTORY

Date _____

FEMALE INFORMATION

FIRST NAME: _____ SURNAME: _____

ADDRESS: _____

CITY: _____ POSTAL CODE: _____

E-Mail Address: _____

TELEPHONE (HM): _____ (WK) _____

(CELL): _____

BEST NUMBER TO CALL: _____

DATE OF BIRTH: ____/____/____ HEALTH CARD #: _____
DAY MONTH YEAR

OCCUPATION: _____

FAMILY DOCTOR: _____
(NAME) (PHONE NUMBER)

MALE INFORMATION

FIRST NAME: _____ SURNAME: _____

DATE OF BIRTH: ____/____/____ HEALTH CARD #: _____
DAY MONTH YEAR

FAMILY DOCTOR: _____
(NAME AND PHONE NUMBER)

OCCUPATION: _____

(WK): _____ (CELL): _____

GENERAL INFORMATION

REFERRING DOCTOR: _____
(NAME AND PHONE NUMBER)

REASON FOR REFERRAL: _____

DO YOU HAVE ANY ALLERGIES: _____
(INCLUDING LATEX ALLERGY)

PHARMACY NUMBER: _____ (IF NOT AVAILABLE AT THE TIME, PLEASE
CALL OUR OFFICE)

Do you Have Drug Plan that covers fertility medications YES _____ NO _____

GENERAL HISTORY

How long have you been having regular unprotected intercourse? _____

How long have you been trying to actively get pregnant? _____

How long have you been trying to get pregnant with a doctor's help? _____

Was your doctor a General Gynecologist or a Reproductive Endocrinology & Infertility
Specialist? _____

About how many times a week do you have intercourse on average? _____

Does either partner smoke? _____ How much (Cig/Day)? _____

Does either partner use recreational drugs? _____ Which drugs? _____

Do either partner drink alcohol? _____ How much? _____

FEMALE HISTORY

Age _____ Birth date _____ Height _____ Weight _____

Blood Goup _____ Allergies to medicines _____

Menstrual periods occur every _____ days. Are they regular? _____ Duration of
bleeding _____ (days) Amount of bleeding? _____

Are your periods painful? _____ Age when periods first started? _____

Do you have endometriosis? _____

Do you have any medical problems? _____ If yes, please give details, including any
medications _____

Have you ever had pelvic inflammatory disease (PID)? _____

What pelvic or abdominal surgeries have you had?

What were the findings?_____

Number of pregnancies with current partner?_____

Number of pregnancies with previous partner_____

Number of miscarriages?_____

Number of abortions?_____

Number of tubal pregnancies?_____ which tube(right or left)?_____

Number of live births_____ Vaginal births or Cesarean Sections_____

TREATMENT HISTORY

Have you had:

Test/Procedure	Yes/No	Result
Hysterosalpingogram/ Sonohysteroscopy		
Laparoscopy		
Hysteroscopy		

Previous ART Treatment	Yes/No	How many cycles?	Any success?
Comiphene stimulation with intercourse			
Clomiphene stimulation with insemination			
Injectable FSH stimulation (Puregon, Gonal, etc.) with			

intercourse			
Injectable FSH stimulation with insemination			
Insemination without any stimulation			
In vitro fertilization			
In vitro fertilization with ICSI			

OTHER

What else should we know about your case? _____

Are there other pertinent test results, procedures or problems that have been identified?

Give details of IVF results, if applicable:

- Stimulation Protocol_____
- Number of follicles_____
- Number of eggs_____
- Number of embryos transferred_____
- Number of frozen embryos_____
- Outcome_____

MALE HISTORY:

Name: _____

Age_____ Birth Date_____ Height_____ Weight_____

Allergies to medications_____ Blood Group_____

-Prior Marriage_____

-Number of pregnancies with a previous partner_____

-Do you have problems with erection or ejaculation?_____

-Male medical problem_____

-Current medications_____

-Hormonal blood test_____

-Previous surgeries_____

-Family history of infertility_____

-Semen Analysis:

Date of test_____ Result_____ Where was the test done?_____

If you ever had Azoospermia (no sperms):

Have you ever had testicular biopsy?_____ Where was it done?_____

Date_____

Result_____

Ask specific questions that you would like to address:

If this form was to you or completed on line before you appointment date, please e-mail or fax us this form along with copies of your relevant medical records (semen analysis, laparoscopy reports, previous stimulation records, extra)