

MEDICAL HISTORY

Date _____
Name _____ Occupation _____
Partner Name _____ Occupation _____
Home Phone _____ Business phone _____
Fax _____ Cell phone _____
Address _____
E-Mail _____
City _____ Province/State _____ Postal Code _____

GENERAL HISTORY

How long have you been having regular unprotected intercourse? _____
How long have you been trying actively to 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 and Infertility Specialist? _____
About how many times a week do you have intercourse on average? _____
Is there any associated difficulties with intercourse? _____
Please elaborate: _____

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 group _____ 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 used a contraceptive device? _____ For how long? _____

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 a previous partner _____

Number of miscarriages _____

Number of abortions _____

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

Number of live births _____ Vaginal births _____ Cesarean Sections _____

TREATMENT HISTORY

Have you had:

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

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

-No. of follicles _____

-No. of eggs _____

-No. of embryos transferred _____

-No. of frozen embryos _____

-Outcome _____

MALE HISTORY

Name: _____

Age _____ Birth date _____ Height _____ Weight _____

Occupation _____ Allergies to medicines _____ 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 _____

- Previous treatment for infertility _____

- Semen analysis :

Date of test _____ Result _____ Where was the test done? _____

If you had Azoospermia(no sperms) :

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

Date _____

Result _____

Ask specific questions that you would like addressed.

If this form was sent to you or completed on line before your 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)