# Fertility Patient Intake Form

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Name:_____ Age:_____ Date:_____

Partner /Husbands Name: _____

_____Donor sperm

Your Reproductive Endocrinologist or OB/GY's Name:_____

Hospital/Clinic Name: _____

***Note:*** You do NOT need to have any labs before coming for a consult. If you have had fertility labs in the past, please enter them along with the lab ranges on the form below.

**Preparing for your Fertility Consult Check list:**

❒ Completed general medical history for both male and female
❒ Completed fertility intake form for both male and female
❒ fertility friend login information *(please register for your FREE account from a desktop computer)*
❒ 3 day diet diary for the female

**You are preparing for:**

❒ Natural cycle (unassisted) _____
❒ IUI/ Date (month) _____
❒ IVF/ Date (month) _____
❒ IVF Donor Egg Cycle (month) _____
❒ FET/ Frozen Embryo Transfer (month) _____
❒ Egg Donor Recipient _____

**Have you received a diagnosis from a fertility doctor?**

❒ Low ovarian reserve ❒ PCOS ❒ Endometrosis ❒ Adenomyosis ❒ poor egg quality
❒ blocked tubes ❒ male factor ❒ fibroids ❒ endometrioma ❒ unexplained infertility
❒ I have not or ❒ I have not....consulted with a reproductive endocrinologist

**OVARIAN RESERVE AND FUNCTION:**

❒ AMH (anti-mullerein hormone) [ result_____date_____ ]
❒ FSH, CD 3 (follicle stimulating hormone) [ result_____date_____ ]
❒ LH (Lutenizing hormone) [ result_____date_____ ]
❒ E2 ( Estrogen) [ result_____date_____ ]
❒ Progesterone, 7 DPO (days past ovulation) [ result_____date_____ ]
❒ DHEA-s test [ result_____date_____ ]
❒ LH [ result_____date_____ ]
❒ Estradiol [result_____date_____
❒ SHBG (sex hormone binding globulin) [ result_____date_____ ]
❒ Prolactin [ result_____date_____ ]
❒ MTHFR [ result_____date_____ ]

Anne's Notes

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Name:_____

**THYROID:**

❒ TSH (thyroid stimulating hormone) [ result_____date_____ ]

❒ Free t3 [ result_____date_____ ]

❒ Free T4 [ result_____date_____ ]

❒ reverse T3 [ result_____date_____ ]

❒ TPO/TGAB (for Hashimoto's) [ result_____date_____ ]

**VITAMIN LEVELS:**

❒ Vitamin D [ result_____date_____ ]

❒ folate [ result_____date_____ ]

❒ B12 [ result_____date_____ ]

❒ ferritin (iron) [ result_____date_____ ]

**Please indicate if you have had any of the following procedures, and the result:**

❒ laparoscopy (date) [ result_____date_____ ]

❒ hysterosalpingogram [ result_____date_____ ]

❒ hysteroscopy [ result_____date_____ ]

Have you ever conceived naturally in the past? ❒ YES ❒ NO
With this partner? ❒ YES ❒ NO

Schedule of FERTILITY drugs to be used in current or projected cycles:

How many times have you used these drugs in the past?

❒ Clomid

❒ Femara/letrozole

❒ Follistim/injectibles

Has there been a sperm analysis? ❒ YES ❒ NO

Is there evidence of male factor? ❒ YES ❒ NO
If so, please indicate which of the following were out of range:

❒ Volume ❒ Morphology

❒ pH ❒ Vitality

❒ Total motility ❒ White blood cells

❒ Progressive motility

How many times have you had each/any of these procedures?

IUI_____ IVF_____

If you had an IUI, which medication was used?

Anne's Notes

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Name:_____

**MENSTRUAL HISTORY**

Menstrual Cycle Pattern (check all that apply)

❒ Regular periods ❒ Bleeding between periods

❒ Spotting before periods ❒ Irregular periods

❒ Spotting after periods ❒ No periods

❒ Heavy periods ❒ Light periods

Do you Experience PMS Symptoms: (please check all that apply)

❒ Mood swings ❒ Acne ❒ Fibrocystic breasts (lumps) ❒ night sweats

❒ Period pain ❒ constipation ❒ back pain

Number of days between the start of one period to the start of the next period?

How many days of bleeding do you have?

When was the 1st day of your last menstrual period? (mm/dd/yy)_____

Age when you had your first period _____

How many periods do you have a year? _____

Do you need medications to get a period?

Have you ever had a D&C?

Do you have severe cramping or pelvic pain with your periods?
If yes, please choose one:

❒ Always ❒ Sometimes

❒ Recently ❒ In the past

Do you currently have clots in the menstrual flow?

Is the blood red or brown?
at the beginning_____ at the end_____

Have you taken birth control? If so, how many years?

When did you stop taking birth control?

How long after stopping birth control did it take you to get your period?

Have you used over-the-counter ovulation kits to time intercourse?
❒ YES ❒ NO

Are you able to identify a positive or peak day reading on your OPK monitor?
❒ YES ❒ NO

Do you have pain with intercourse?
❒ YES ❒ NO

Do you have cervical mucous on your peak days of fertility?
❒ YES ❒ NO

Anne's Notes

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Name:_____

How many months have you been having intercourse without using any form of birth control?

Do you have yeast infections? ❒ YES ❒ NO

Do you have a known history of hepatitis? ❒ YES ❒ NO

Do you have a known history of HPV? ❒ YES ❒ NO

Have you tested positive for HIV? ❒ YES ❒ NO

**PREGNANCY HISTORY**

How long have you been trying to conceive?_____

Total number of ALL Pregnancies: _____

IUI_____ IVF_____ or Naturally conceived _____

Number of ectopic/tubal pregnancies: _____

Of these how many were live births? _____

How many were still born? _____

Any pregnancies with Birth Defects? ❒ YES ❒ NO

Number of miscarriages (less then 20 weeks):

D&C ❒ YES ❒ NO

Number of elective terminations (abortions):

Have you ever used Clomid with timed intercourse?

How many cycles did you use it for? (mm/yy)_____

What was your maximum daily dosage per day?

What was the outcome(s)?

❒ Pregnancy ❒ Ectopic ❒ Bio Chemical

❒ Miscarriage ❒ Not pregnant ❒ Unknown

❒ Termination

Did your menstrual cycle change as a result of using clomid?

❒ Decrease of menstrual blood volume ❒ Ovulation earlier

❒ Ovulation Later ❒ Length of cycle: ❒ Shorter ❒ Longer

Have you used Clomid with IUI/ insemination? ❒ YES ❒ NO

(mm/yy)_____

What was the outcome(s)?

❒ Pregnancy ❒ Ectopic ❒ Bio Chemical

❒ Miscarriage ❒ Not pregnant ❒ Unknown

❒ Termination

Anne's Notes

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Name:_____

Have you used daily fertility drug injections with insemination? ❒ YES ❒ NO

Number of cycles it was used? (mm/yy)_____

What was the outcome(s)?

❒ Pregnancy ❒ Ectopic ❒ Bio Chemical

❒ Miscarriage ❒ Not pregnant ❒ Unknown

❒ Termination

**IVF CYCLE #1**

Have you had IVF previously?___yes _____no

If yes, how many times?_____

If yes, please check whichever apply:

❒ canceled cycle _____

❒ no embryos made it to transfer _____

❒ failed live transfer _____

❒ chemical pregnancy _____

❒ frozen embryo transfer _____

❒ miscarriage_____ what week? _____

❒ medically terminated, if yes, reason :_____

_____

❒ live birth(s) _____

**FET #1 TRANSFER INFORMATION**

Have you completed any frozen embryo transfers (FET)? ❒ YES ❒ NO

How many have you completed?

How many embryos were transferred?

What was the date? (mm/dd/yy)

What was the outcome(s)?

❒ Pregnancy ❒ Ectopic ❒ Bio Chemical

❒ Miscarriage ❒ Not pregnant ❒ Unknown

❒ Termination

**FET #2 TRANSFER INFORMATION**

How many embryos were transferred?

What was the date (mm/dd/yy)

What was the outcome(s)?

❒ Pregnancy ❒ Ectopic ❒ Bio Chemical

❒ Miscarriage ❒ Not pregnant ❒ Unknown

❒ Termination

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Name:_____

**SOCIAL HISTORY**

How many caffeinated beverages such as coffee, tea or soda do you think you drink per day? If none, please state "none"

Have you ever smoked cigarettes? ❒ Current smoker ❒ Quit ❒ Never

If you were a former smoker when did you quit? Date?

Do you drink alcohol? ❒ YES ❒ NO
If so, please report the number alcoholic drinks you consume on a weekly basis:

Do you or your partner use marijuana, or any other recreational drugs?
❒ YES ❒ NO

On a scale from 1 - 10 (10 being the worst), please estimate the level of stress you feel due to infertility and other pressures?
Do you see a counselor? ❒ YES ❒ NO

Please describe any emotional, marital, or sexual problems caused by your infertility:

Please list any anti-depressant/anti-anxiety medications you are currently taking:

Do you utilize any of the following for stress management:
❒ Meditation ❒ Guided imagery
❒ Psychologist / Talk Therapy

Exercise Type:
❒ Running ❒ Yoga ❒ Pilates
❒ HIIT/Cross Fit ❒ Hot Room Yoga ❒ Weight lifting

Have you ever run in marathons, half marathons or trained for a competitive event?

Have you ever suffered from an eating disorder anorexia nervosa or bulimia?

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