

Fertility Intake

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Number of

Pregnancies	
Cesarean Births	
Vaginal Births	
Abortions	
Miscarriages	
Ectopic(s)	
Failed IUI's	
Failed IVF's	

Name of your

Ob/Gyn: \_\_\_\_\_

Reproductive Endocrinologist: \_\_\_\_\_

Midwife: \_\_\_\_\_

Menstrual Cycle

Age menstruation began: \_\_\_\_\_

How long have you been trying to get pregnant? \_\_\_\_\_

(please circle one) My periods are:

- a) Like clockwork
- b) Somewhat regular
- c) Erratic

Number of days in a typical menstrual cycle: \_\_\_\_\_

If your cycle is erratic:

Shortest # of days in cycle: \_\_\_\_\_

Longest # of days in cycle: \_\_\_\_\_

Menstrual bleeding tends to be:

- a) Light b) Normal c) Heavy

On what cycle day do you typically ovulate? \_\_\_\_\_

During ovulation, is your cervical mucus clear, stretchy and abundant?

Yes  No

If not all three of these, describe: \_\_\_\_\_

Is there clotting with your period?

Yes  No

Do you have spotting before or between periods?  Yes  No

Do you regularly experience PMS?

Yes  No

(Circle which PMS symptoms you get)

Breast tenderness - Diarrhea - Acne

Bloating - Constipation - Back Pain

Food Cravings - Dizziness - Fatigue

Headache or Migraine - Mood Swings

Previous Gynecological Surgeries - Check any surgical procedure that you have had

- Dilation & Curettage (D&C)
- Falloposcopy
- (HSG) Hysterosalpingogram
- Hysteroscopy
- Laparoscopy (endometriosis)
- Laparoscopy (ovarian cysts)
- Laparoscopy (uterine fibroids)
- Mymectomy
- Neosalpingostomy
- Tuboplasty
- Other(s): \_\_\_\_\_

Previous Diagnostic Assessments - Check any diagnosis received by your OB/GYN or Fertility Doctor

- Advanced Maternal Age
- Amenorrhea
- Anovulation
- Anti-sperm Antibodies
- Autoimmune Oopharitis
- Cervical Stenosis
- Clotting with Period \_\_\_\_\_
- Delayed Cycles \_\_\_\_ - \_\_\_\_ Days
- Menstrual Pain (mild)
- Menstrual Pain (moderate)
- Menstrual Pain (severe)
- Elevated FSH \_\_\_\_\_
- Endometriosis (mild, moderate, severe)
- Erratic Cycles \_\_\_\_ - \_\_\_\_ Days
- Fallopian Tube Blockage
- Habitual Miscarriage
- Hostile Cervical Mucus
- Hyperprolactinemia
- Luteal Phase Defect
- Menorrhagia
- Ovarian Cyst (single)
- Ovarian Cyst (multiple)
- Ovarian Hyperstimulation Syndrome (OHSS)
- Pelvic Inflammatory Disease (PID)
- Phospholipid Antibodies
- Polycystic Ovarian Syndrome (PCOS)
- Premature Menopause
- Premature Ovarian Failure (POF)
- Resistant Ovarian Syndrome
- Short Cycles \_\_\_\_ - \_\_\_\_ Days
- Spotting between periods \_\_\_\_ - \_\_\_\_ Days
- Unexplained Infertility
- Uterine Fibroids
- Uterine Septum
- Other(s): \_\_\_\_\_

List the Fertility Drugs you have taken: \_\_\_\_\_

Medications you use currently: \_\_\_\_\_

Have you been tested for chlamydia?  Yes  No - Results:  Positive  Negative

Has your husband/partner had a semen analysis? \_\_\_\_\_ Results: \_\_\_\_\_

How would you describe your current level of hopefulness towards attaining your fertility goals?

(1 being the lowest feeling of hope, and 10 being the most hopeful) 1 2 3 4 5 6 7 8 9 10