

## Fertility Patient Intake Form

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Name: \_\_\_\_\_ Date \_\_\_\_\_

Your Reproductive Endocrinologist or OB/GYN's Name:

Dr. \_\_\_\_\_

Hospital \_\_\_\_\_

You are preparing for:

Natural Cycle (unassisted)

IUI/ Date (month):

IVF/ Date (month)

IVF Donor Egg Cycle (month)

FET/Frozen Embryo Transfer (month)

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

\_\_\_\_\_ IUI \_\_\_\_\_ IVF

Physician's Fertility Diagnosis: \_\_\_\_\_

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

Vitamin supplements, prescriptions, and over-the-counter drugs  
currently being used unrelated to fertility treatment:

Are you a smoker? yes  no

Drink alcohol? yes  no  how many X per week? \_\_\_\_\_

Has there been a sperm analysis? yes  no

Is there, or was there any indication of MALE factor infertility?  
yes  no

Have you ever conceived naturally in the past?  yes \_no  
with this partner? yes  no

Live births? \_\_\_\_\_ age(s) of children if any \_\_\_\_\_ please indicate  
which, if any were born via IVF/IUI

Your age \_\_\_\_\_

### History of:

- Fibroids
- Endometriosis
- PID (pelvic inflammatory disease)
- POF (PREmature ovarian failure)
- PCOS (polycystic ovarian disease)
- oral contraceptive use  
If yes, how many years? \_\_\_\_\_  
How long ago did you stop? \_
- "poor responder" to fertility drugs? If so, which ones were used and when?

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- thin uterine lining
  - Progesterone level in normal range? yes  no
  - HSG/test for blocked tubes?  
yes  no
  - If yes to previous question, are tubes open? yes  no

- ovarian hyperstimulation
- ovarian cysts
- miscarriage, if yes, how many times? \_\_\_\_\_  
At what week? \_\_\_\_\_
- abortion(s)
- tubal pregnancy
- fetal genetic abnormalities
- thyroid
- uterine anatomical abnormalities
- pelvic adhesions
- antiphospholipid antibodies

- Have you had a midcycle vaginal ultrasound? yes  no  results:  
Post-coital vaginal ultrasound?  
yes  no
- Diagnosed with hostile cervical mucous?