

Fertility History – Female

Confidential

Please complete this form as accurately as you can. All the information will be kept confidential.

Name: _____

Today's Date: _____ Date of birth: _____

(MM/DD/YY)

(MM/DD/YY)

Please complete the Gynecological history form.

Do you have a single partner with whom you have been trying to conceive?

Yes No N/A

How long have you been married or living together? _____

Are you using donor sperm either because you have a female partner, or your male partner has fertility issues. Yes No

How long have you been trying to conceive? _____

Is your partner supportive of your wishes to conceive? Yes No

Have either of you had a western medical diagnosis relating to infertility? Yes No

What was it? _____ By Whom? _____

Have you taken medication to help you ovulate? Yes No

What Kind? _____ For how many cycles? _____

Have your fallopian tubes been evaluated medically? Yes No

What were the results? _____

Have you had any tubal operations? Yes No

Have you had any hormone laboratory tests performed?

FSH Normal High

Prolactin Normal High

Thyroid Normal High Low

Progesterone Normal High Low

Testosterone Normal High Low

Other _____ Normal High Low

Fertility History – Female (Continued)

Prior fertility treatments? (IVF, IUI, Etc.) Yes No

Month/Year	Type of Treatment	Clinic / Doctor
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Response to fertility treatments? Poor Response Average / Good Response

Comments/notes:

Any exposure or received chemotherapy or radiation? Yes No

Sexual desire (mental interest)? Low Normal High

Sexual arousal (physically aroused/orgasm)? Low Normal High

Use of vaginal lubricants? Yes No

Are you more than 20% over your ideal body weight? Yes No

Are you more than 20% below your ideal body weight? Yes No

Do you exercise regularly? Yes No How often? _____

Forms: _____

Have a stressful occupation? Yes No Occupation: _____

Excessive facial/body hair? Yes No

Excessive oily skin? Yes No

Any excessive loss of head hair? Yes No

