

FEMALE FERTILITY ISSUES

When did you start trying to conceive? _____

Is there a history of infertility in your family? _____

Are you recording Basal Body Temperature? _____ If so, for how long? _____

If applicable, when did you stop using birth control? _____

What method(s) were you using? _____

Do you use tampons? _____ If so, for how many years? _____

During fertile days, do you have orgasm with intercourse? _____

Does your partner experience any problems with erection or ejaculation? _____

Any other sexual dysfunction? _____

Are you currently seeing a fertility specialist? _____ Whom? _____

Is the specialist a Reproductive Endocrinologist? _____

Length of time with this specialist? _____

Previous specialists and dates of treatment:

What courses of treatment have you received for infertility? _____

<u>Medications/Procedures</u>	<u>Dates</u>
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Were any cycles successful? _____

If so, did any pregnancies result in miscarriage? _____

Dates: _____