FEMALE FERTILITY INFORMATION

Pregnancy history:

# of pregnancies: _____ Term births: _____ Premature births: _____ Miscarriages: _____ Elective abortions: _____ Stillbirth: _____

DATE	BIRTH T = TERM P = PREMATURE	MISCARRIAGE	ELECTIVE ABORTION	ECTOPIC PREGNANCY	INFERTILITY TREATMENT	C-SECTION	OTHER COMPLICATIONS	IS CURRENT PARTNER THE FATHER?

Contraceptive use:

TYPE: OCE/DEP/NUVARING/DIAPHRAGM/ETC.	FROM WHEN TO WHEN?	REASON FOR DISCONTINUING USE

History of fertility therapy:

What drugs have you taken for infertility?

☐ Clomid	☐ Pergonal	☐ Lupron	☐ Antibiotics
☐ Glonal-f	☐ Fertinex	☐ Microdose lupron	☐ Baby aspirin
☐ Follistim	☐ hCG Profasi	☐ Antagon	☐ Heparin
☐ Repronex	☐ Progestorone	☐ Parlodel	☐ Steroids

Other: _____

Which of the following tests have you had performed? Check all that apply, and list results if known.

	Date of test: (dd/mm/yyyy)	Results:
☐ BBT (body temp. charting)	_____/_____/_____	
☐ FSH	_____/_____/_____	
☐ LH	_____/_____/_____	
☐ Progesterone	_____/_____/_____	
☐ Estradiol	_____/_____/_____	

☐ Prolaction	_____/_____/_____
☐ DHEAS	_____/_____/_____
☐ Testosterone	_____/_____/_____
☐ Endometrial biopsy	_____/_____/_____
☐ Hysterosaplpingogram	_____/_____/_____
☐ Sonohystogram	_____/_____/_____
☐ Ultrasound	_____/_____/_____
☐ Laparoscopy	_____/_____/_____
☐ Hysteroscopy	_____/_____/_____
☐ Mycoplasma culture	_____/_____/_____
☐ Chlamydia culture	_____/_____/_____
☐ GC culture (gonorrhea)	_____/_____/_____
☐ Thyroid tests	_____/_____/_____
☐ Rubella (German measles)	_____/_____/_____
☐ Varicella (chicken pox)	_____/_____/_____
☐ CMV (cytomegalovirus)	_____/_____/_____
☐ Post-coital test	_____/_____/_____
☐ Anti-sperm antibodies	_____/_____/_____
☐ RPR serology (syphilis)	_____/_____/_____

Have you ever undergone IUI? ☐ Yes ☐ No (If yes, ☐ partner's sperm ☐ donor sperm)

Clomid ☐ Yes ☐ No

Fertility shots ☐ Yes ☐ No If yes, name of medications: _____

# of IUI's: ____ Dates: _____

# of IVF cycles: ____ Dates: _____

Sexual history:

☐ Use lubricants during sexual intercourse Name of lubricant(s) used: _____

☐ Experience pain during intercourse ☐ Bleeding with intercourse ☐ Headache soon after orgasm

Frequency of intercourse: _____ x/week ☐ Low libido ☐ Anorgasmia (inability to orgasm)