

WOMEN'S FERTILITY HISTORY CONFIDENTIAL

Name of your doctor / fertility specialist: Conceptions / CCRM / Dr. Trout / Dr. Smith/Kaiser/University Hospital/Other OBGYN

Doctor: _____ Name of person who told you about us? _____

Start date: month/year _____ Current Month Treatment Plan _____ (IVF / IUI / Natural / Tests / Etc.)

1. Please list below all pregnancies and fertility treatments (including cancelled cycles):

Date	Natural, IUI IVF, Other	Medication Used	# of Mature Eggs /Follicles	Pregnancy Yes / No	If Miscarried, Indicate at which week	Other Comments and Locations

2. Do you have any of these diagnoses?

Date	High FSH	Uterine Fibroids / Polyps	Endometriosis / Adhesions	PCOS	POF	Low Progesterone Level

3. Have you ever had any of these infertility tests or procedures?

Date	Laparoscope	HSG- Hysterosalpingography	Others

4. Do you have any of these? If yes, please list how many:

Pregnancies	Children	Miscarriages	Abortions	Ectopic	D&C	Abnormal Pap Smear	Others

5. Other:

Age at which menses began? _____ Do you take birth control? _____ If yes, how long? _____ List name of birth control _____ Has your husband been checked out for fertility problems? _____ How long have you been trying to get pregnant? _____ At Day 3 _____ at Day 10 _____ at _____ (month/year) Do you get recurrent yeast infections? How often? _____	Do you have to do a Clomid challenge test? _____ Do you ovulate on your own? _____ How can you tell you ovulate? _____ Which day of your cycle? _____ to _____ Have you done BBT testing? _____ Typically, how many days are there from one period to the next _____ to _____ days? Today is which day of your cycle? _____
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6. List any PMS symptoms before period:

	10 Days Before	1 Week Before	2-3 Days Before
Breast Tenderness			
Depression			
Fatigue			
Low Back Pain			
Face Break Out			
Other			

7. How is your period each day? Please check each day:

Symptoms (please check each day)	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6-7
Do you have back pain?						
Cramp? (Light, Medium, Severe)						
Color? (Light Red / Red / Dark Red / Brown)						
How Heavy is Flow? (Light, Normal, Heavy)						
Is there clotting?						
Is there Spotting?						