FERTILITY HISTORY

CONFIDENTIAL

4305 Torrance Blvd., Suite 208 Torrance, CA 90503 310.371.1777

Date: List any reproductive technology procedures you have name: List any reproductive technology procedures you have undergone (IUI, ICSI, IVF, etc): Do you have a single partner with whom you have being trying to conceive? Yes No How long have you been trying? Libido: Low Normal High High FERTILITY WORKUP (for Dr to complete) FERTILITY WORKUP (for Dr to complete) FSH		FERTILITY TREATMENT
Name:	Date:	List any reproductive technology procedures you
DOB:		
Do you have a single partner with whom you have being trying to conceive? Yes No	DOR:	
Last menstrual period:	у.о.	J
Libido: Low Normal High How many days of bleeding? FERTILITY WORKUP (for Dr to complete) FSH		CYCLE INFORMATION
FERTILITY WORKUP (for Dr to complete) FSH		How many days of bleeding?
E2		Light Normal Heavy Color:
AMH [2-4] AFS	L , ,	
AFS	E J	
How long are your cycles? (e.g., 28-30 days) RegularIrregular Describe PMS symptoms if any:		
RegularIrregular	1100	How long are your cycles? (e.g., 28-30 days)
MEDICAL HISTORY Check any that apply to you (past or present): Abnormal pap smear Cervical biopsy, cauterization or any other cervical procedures Venereal disease Frequent yeast infections Chronic vaginal discharge Vaginal sores/warts Pelvic inflammatory disease Endometriosis PCOS Pelvic adhesions Structural anomalies (e.g., uterine septum, bicormuate uterus, etc) Oral contraceptives IUD DepoProvera List any medications that you are on: Medication Reason How long Do you ovulate on your own? Yes No On which day of your cycle? Don't know Fertile (egg-white) mucus during this time? Yes No Scanty Normal Profuse Pregnancies PREGNANCIES Number	IIC	
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Describe your execise regimen:		
Describe your execise regimen:		
Describe your execise regimen:		
		Describe your execise regimen:
Are you 20% over your ideal body weight?		Are you 20% over your ideal hody weight?
Are you 20% below your ideal body weight?		

FERTILITY HISTORY

CONFIDENTIAL

MEN'S HISTORY

COMMENTS/NOTES

Please complete with your partner or to the best of your knowledge:

LIFESTYLE		
Stress level: Low Moderate High		
Smoking:		
Recreational drugs:		
Caffeine: cups a day		
Alcohol: drinks a week		
Any exposure to environmental toxins?		
Describe your execise regimen:		
Are you 20% over your ideal body weight?		
Are you 20% below your ideal body weight?		
FERTILITY		
Fertility workup: Yes No		
If so, when?		
Results:		
Concentration: [>15-20 mil/mL]		
Volume: [>1.5ml]		
Motility: [>40-50%]		
Morphology: [>30-40%]		
Any other urogenital disorders (e.g., prostatitis, ED, varicoceles, etc):		
-		
History of use of anabolic steroids or testosterone: Yes No		