



Pioneering in ART

New Patient Questionnaire

Personal Data

Female Name: _____ DOB _____ Age _____
Spouse/Partner Name: _____ DOB _____ Age _____

Married for _____ years. 1st marriage 2nd marriage Other
Infertility of # years: _____ Unprotected sex for # years? _____ Well-timed intercourse for # years _____
Sexual intercourse: frequency _____ / week Important details (if any): _____
Do you?: Smoke _____ pks/d drink alcohol _____ drinks/week
Does he?: Smoke _____ pks/d drink alcohol _____ drinks/week

Previous Pregnancies

None Total # of pregnancies: _____ Liveborn children: _____
Miscariages: _____ Terminations: _____
Ectopic pregnancies: _____ Adopted children: _____

Medical History

Height: _____ Weight: _____

List any significant medical illnesses or problems? (1) _____
(2) _____ (3) _____

List any **medications** you take regularly: (1) _____
(2) _____ (3) _____

Do you have any **allergies** to medications? (list): (1) _____
(2) _____ (3) _____

If yes, what was the reaction? _____

Menstrual Factors

Regular cycles Irregular cycles since I started my periods
 Irregular cycles since _____

Date of last period _____ Interval between menstrual cycles (from start to start) _____
Duration of bleeding (days) _____ Spotting between periods _____

Previous Surgery & Tubal Factors

List all surgical procedures and year? (1) _____
(2) _____ (3) _____

Others: _____

Have you ever had? Chlamydia Herpes Pelvic inflammatory disease (PID)
 Gonorrhea Tuberculosis Sexually transmitted diseases (other)
 Appendicitis an IUD Human papilloma virus (HPV)
 Endometriosis Ovarian cysts Abnormal PAP smears

Male Factors

Has he fathered pregnancies *in a different relationship*:

None Total # of pregnancies: _____ Liveborn children: _____
 Miscarriages: _____ Terminations: _____

Infertility Testing

	<input type="checkbox"/> Not done	<input type="checkbox"/> Done	<u>Date</u>	<u>Results</u>
Blood tests (hormone levels)			_____	<input type="checkbox"/> Normal Other: _____
Semen analysis (sperm counts)			_____	<input type="checkbox"/> Normal Other: _____
Hysterosalpingogram (X-ray test of tubes)			_____	<input type="checkbox"/> Normal Other: _____
Laparoscopy (surgery to look at tubes)			_____	<input type="checkbox"/> Normal <input type="checkbox"/> Endometriosis <input type="checkbox"/> Adhesions <input type="checkbox"/> Other: _____
Hysteroscopy (surgery to look in uterus)			_____	<input type="checkbox"/> Normal Other: _____
Sonohysterogram (ultrasound with saline infusion)			_____	<input type="checkbox"/> Normal Other: _____

Other tests (list): _____

Infertility Treatment

<u>Intrauterine Inseminations (IUI)</u>	<u># cycles</u>	<u>Date of last cycle</u>	<u>Outcome</u>		
Natural cycle IUI	_____	_____	_____		
Clomid + IUI	_____	_____	_____		
Injectable fertility drugs*+IUI	_____	_____	_____		
<u>Fertility Drugs Alone</u>					
Clomid	_____	_____	_____		
Injectable fertility drugs*	_____	_____	_____		
<u>In Vitro Fertilization (IVF)</u>	<u># eggs</u>	<u># embryos</u>	<u># transferred</u>	<u># frozen</u>	<u>Outcome</u>
Cycle #1 (date _____)	_____	_____	_____	_____	_____
Cycle #2 (date _____)	_____	_____	_____	_____	_____
Cycle #3 (date _____)	_____	_____	_____	_____	_____

* Injectable fertility drugs are purified FSH and LH and are marketed under trades names like: Pergonal, Repronex, Bravelle, Gonal-F and Follistim

