ID No: _____

PATIENT INFORMATION FORM

Entry Date: _____

Woman	**Man**
Maiden name _____	Last name _____
First name_____	First name_____
Date of birth _____Age____	Date of birth _____ Age_____
E mail _____	E mail _____
(Mobile/Cellular)_____	(Mobile/Cellular) _____
(Other Phone)_____	(Other phone) _____

Couple Status: Married __ Stable Partner __ Single __

Address: _____

_____

Family Physician

Name: _____

Address: _____

_____

Obstetrician/Gynaecologist

Name: _____

Address: _____

_____

Source of Referral _____

Fertility Advisor _____

Reason For Consultation _____

[If Sub-fertile] Trying to conceive since _____ (**Date**) **(ie. Intercourse without contraception**)

Woman

Occupation –		
Cigarettes	Number/day	
Alcohol	Units /week	
Caffeine	servings/day	
Recreational Drugs	frequency	
(Specify)		

Woman

Medicine/ Vitamin	Strength	Times daily
1		
2		
3		
4		
5		
6		
Allergic to …….		

Gynaecological History

How long is the Cycle in total (**eg 28 Days?**) _____ (_____ to _____) Monthly no of bleeding Days _____**(Days)**
Average Shortest Longest

No. of days *spotting before* period _____**(Days)** No. of days *brown bleed after* period _____**(Days)**

Date of last cervical smear test ___ Ever previous Letz or cone biopsy of cervix (Y or N) _____

Family Planning History

1. Lifetime years of hormonal contraception (eg 5 years) _____ **Years** (Pill, Patch, Depo etc...)
2. Date of last use of hormonal contraception _____ (**Date**)
3. Date of last use of any contraception _____ (**Date**)
4. Never used hormonal contraception (Tick if true) _____

Previous Pregnancies [for office; Total Gravida_ (Natural G___) Para___ SB ___ Spont. Misc. ___ Ect_1___ Ab. ___

Preg. No	DP Diff partner	Date of Birth or miscarriage	months to conceive	1. No treatment 2.Clomid 3.IUI 4.IVF 5. NaPro 6. Neo	Weeks at delivery	D&C	Preg. Outcome Birth weight, misc Ectopic, etc	Vaginal Delivery	C-Sec
0		Never conceived		IF never conceived…	..go to next section				
1									
2									
3									
4									
5									
6									
7									
8									

Past surgical, medical and sexual history (Excluding infertility, List in order of date)

Woman

Operations	Date
1	
2	
Medical Diagnosis	
1	
2	
3	
Sexually Transmitted Infection	Date
1	
2	
Lifetime no of sexual partners	

Symptoms of Endometriosis	No problem - moderate - severe
Very painful periods	0 1 2 3 4 5 6 7 8 9 10
Constipation during period	0 1 2 3 4 5 6 7 8 9 10
Diarrhoea during period	0 1 2 3 4 5 6 7 8 9 10
Sharp pain with intercourse during deep penetration	0 1 2 3 4 5 6 7 8 9 10

Symptoms of Polycystic Ovaries	No problem - moderate - severe
Excessive body or facial hair	0 1 2 3 4 5 6 7 8 9 10
Acne on body or face	0 1 2 3 4 5 6 7 8 9 10
Overweight despite diet and exercise	0 1 2 3 4 5 6 7 8 9 10

Symptoms of Sleep Apnoea	No problem - moderate - severe
Excessive snoring	0 1 2 3 4 5 6 7 8 9 10
Daytime sleepiness	0 1 2 3 4 5 6 7 8 9 10
Wake up a lot at night	0 1 2 3 4 5 6 7 8 9 10

Symptoms of Endorphin Deficiency – **Average score out of 10 for the last month or two**

Woman

	No problem - moderate - severe
Low Energy	0 1 2 3 4 5 6 7 8 9 10
Low Mood	0 1 2 3 4 5 6 7 8 9 10
Anxiety	0 1 2 3 4 5 6 7 8 9 10
Difficulty sleeping	0 1 2 3 4 5 6 7 8 9 10

Premenstrual Symptoms (Please tick if any symptoms are present for **≥4 days before onset of bleeding**)

(a) Irritability ___(b) Breast Tenderness ___(c)Bloating ___(d)Weight Gain ___(e)Salt/Sweet Cravings___
(f) Cry Easily ___ (g) Depression ___ (h) Headache ___ (i) Fatigue ___ (j) Insomnia ___ (k) Other ___

Average Duration of symptoms _____Days; **Average Severity** 0 1 2 3 4 5 6 7 8 9 10

Family History of Autoimmune condition

Y ___ N ___ (Mother, ___ Father___, Sister___, Brother___, Other ____)
MS __ Rheumatoid Arth__ Underactive Thyroid __ Insulin dependent Diabetes __ other _____

Previous Medical Fertility Treatment

MEDICATION	No of Months	Date of last treatment	Severity of Side effects (out of 10)
Clomiphene (Clomid)			
Letrozole (Femara)			
Metformin (Glucophage)			
HCG			
Other ( )			
FSH (Puregon or Gonal F)			
Total No of months ovulation induction			
IUI – Intra Uterine Insemination			

Previous ART (IVF or ICSI) Cycles

Was ART or IVF Advised? YES/ NO **(Circle answer)**
Donor eggs advised? YES/ NO
Donor sperm advised? YES/ NO

Date	ICSI	IVF	Location	No of Eggs fertilised	No of Embryos transferred (TF)	Day of TF	Fresh or Frozen	Non implant	Birth, misc Ectopic, etc
1									
2									
3									
4									
5									
6									
7									
8									

Total Number of ART stimulated cycles = ___ (___ IVF + __ ICSI)
Total Number of Embryo Transfers =___ (___ Fresh + ___Frozen Transfers) ___ remaining embryos

BMI **Woman** _____ Kg/M^2 (Weight _____KG /height _____Metres) (Weight _____lbs. /height _____feet/inches)

Fertility Diagnoses/ Treatments

	Date	Result
Medical		
No previous Investigations		
Unexplained Infertility		
Unexplained Recurrent miscarriage		
Polycystic Ovaries (Irreg. cycle, Hi Androgen, PCO scan)		
Diminished Ovarian Reserve (AMH <7pmol/l < 1ng/ml)		
Hypothyroidism		
Low Progesterone P+7		
Low Oestradiol P+7		
IgG Food Intolerance – Mild, moderate, severe		
Clinical Endorphin Deficiency		
Adrenal fatigue, Low DHEA – Mild, moderate, severe		
Low core body temperature		
Chronic endometritis		
Reduced sympathetic tone		
High Prolactin levels		
Infertility Blood Results		
Day 21 Blood Test - progesterone		
Day 3 Blood tests FSH		
LH		

Prolactin		
TSH		
AMH		
DHEA		
Miscarriage Blood Results		
Chromosomal Studies		
Clotting studies – Thrombophilia screen		
NK Cell Test % (CD16 plus CD 56)		
NK Cell Test % (Other)		
Imaging	Date	Result
Ultrasound Scan **(Baseline)**		
Partial Follicle rupture		
Luteinised unruptured follicle		
Fibroids		
PCOS		
Uterine Septum		
Other		
HyCoSy Scan (Ultrasound assessment of Fallopian Tubes)		
Hysterosalpingogram HSG (X Ray + Dye of fallopian tubes)		
Hysterosalpingogram HSG and tubal catheterisation		
Surgery	Date	Result
Hysteroscopy (1) (Camera visualisation of uterine cavity)		
Hysteroscopy (2)		
Polypectomy		
Fibroid		
Resection of Uterine Septum		
Intra uterine adhesions		
Asherman's Syndrome		
Laparoscopy (1) (Keyhole Surgery)		
Laparoscopy (2)		
Laparoscopy (3)		
Laparoscopic Robotic Surgery		
Laparotomy (Major abdominal open surgery)		
Endometriosis – not classified		
Stage 1-2 (Mild)		
Stage 3 (Moderate)		
Stage 4 (Severe)		
Pelvic Adhesions + Adhesiolysis, removal of adhesions		
Stage 1-2 (Mild)		
Stage 3 (Moderate)		
Stage 4 (Severe)		
Myomectomy (Fibroids)		
Ovarian Cystectomy		
Ovarian Drilling		
Tubal Surgery	Date	Result
Blocked fallopian Tube – Right, Left, Both		
Hydrosalpinx – Right, Left, Both		
Microsurgical Tubal repair – Right, Left, Both		
Salpingectomy – Right, Left, Both		

Date _____

Other Bloods

Test	Result
FSH	
LH	
Prolactin	
AMH pmol/l	
TSH	

Test	Result
Vitamin D	
Vitamin B12	
Hb	
Ferritin	
Rubella	

Test	Result
Liver Fx	
Kidney Fx	
Testosterone	
Free Androgen Index	
DHEA	