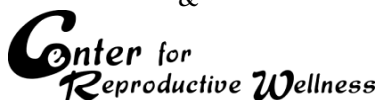


&



Date: _____ First Name: _____ Middle Initial: _____ Last Name: _____

Date of Birth:	Age:	Height:	Weight:	Occupation:

LMP: _____ Cycle Duration (Length of Flow): _____ days

Reproductive Endocrinologist: _____ Start Date: _____ Month / Year

Other OBGYN Doctor: _____ Start Date: _____ Month / Year

Other RE and Clinic: _____ Start Date: _____ Month / Year

Western Diagnosis _____

Are you on a hormone regimen now? Y / N

Do you have a tentative date that you are planning for regarding IUI or IVF? Y / N

1. Fertility treatments (including cycles):

Date	Natural, IUI, IVF, Other	Medication Used	# of Mature Eggs/Follicles	Pregnancy Yes/No	If miscarried, indicate which week	Other comments and locations

2. Diagnostics / Date

Elevated FSH	Uterine Fibroids/Polyps	Endometriosis / Adhesions	PCOS	POF	Progesterone Level	Antisperm Antibodies

Others:

3. If you have PCOS, are you taking:

Glucophage	Fortamet / Metformin	How Long?	Are you taking extra B-Complex vitamins?

4. Female Health

PID	Chlamydia	STD's	Herpes	Other STD's

5. Procedures performed cont./ Dates

Laparoscopy	HSG-Hysterosalpingogram	Others: