



Fertility
Consultants
Group

PART ONE (DEMOGRAPHICS)

DATE:

FULL NAME :

FATHER'S FIRST NAME

DATE OF BIRTH:

HOME ADDRESS:

TELEPHONE :HOME:

MOBILE:

WORK:

E-MAIL.....

PROFFESION:

MARRITAL STATUS : A.MARRIED

B. PARTNERSHIP

C. SINGLE

PART TWO (FERTILITY HISTORY)

.....

PLEASE,BRIEFLY DESCRIBE YOUR PREVIOUS FERTILITY HISTORY (CONCEPTIONS MISCARRAGES,LIVE BIRTHS)INCLUDING DATES



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Do you have menstrual cycles?..... If the answer is no, please skip the relevant questions

Are your cycles regular?

How long do they usually last?

When was your last period and when is your coming period expected?

Is your bleeding rich?

How long does your bleeding last?

Do you often experience spotting within your cycles ?

Have you had a hysteroscopy?

If yes, when was it performed and what were the findings?

Do you take any drugs on a regular basis? If so please describe

Have you ever been diagnosed with any kind of immune problems?

Have you ever had your thyroid gland function tested?

Have you ever checked your prolactin levels?

Have you ever been checked for clotting problems?

Have you ever had a test for Chlamydia?

Do you have any health issues we should be made aware of? (including allergies)

TREATMENT PLANNING:



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When do you wish to receive treatment? (month /year)

If you require Donor Egg treatment, please describe what would the ideal donor for you be:

To help us making a good match, please write below the criteria we need to follow starting from the most important ones.

Husband's-partner's full name:

Date of birth:

Health history: Please report any health issues that affect you and your close family members.

Have you fathered any pregnancies?

If yes, have any children been born?

Have you had a sperm count checked lately?



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If so, please describe the findings: a. number/ml

b. motility

c. morphology

Have you ever been checked for karyotyping?

Have you ever been checked for cystic fibrosis gene mutations?