

FERTILITY INFORMATION

How long have you been trying to get pregnant? _____

A physician diagnosed fertility difficulty due to: ☐ Female Factor ☐ Male Factor ☐ Unexplained
☐ Other: _____ ☐ Not Diagnosed

OB/GYN Physician or Reproductive Endocrinologist: _____

Physician's Phone: _____

OVULATION INFORMATION

On what cycle day do you ovulate? _____ Do you use an ovulation predictor kit? Yes No

Do you chart your basal body temperature? Yes No

Please check off any symptoms experienced at ovulation:

☐ Sharp Pain ☐ Breast Tenderness ☐ Bowel Movement Changes
☐ Cramping ☐ Irritability / Rage ☐ Other: _____

Describe the quantity of your cervical mucus at ovulation:

- ☐ None, I never notice any even with internal exam
- ☐ Scant, I only notice it with internal exam
- ☐ Moderate, I notice some on my underwear and when I urinate
- ☐ Profuse, I notice large amounts in my underwear and when I urinate

Describe the quality of your cervical mucus at ovulation:

- ☐ Watery ☐ Creamy, Thick
- ☐ Egg White, Stretchy ☐ Like Rubber Cement
- ☐ Other: _____

Cervical mucus at ovulation lasts for how many days? _____

Do you notice cervical mucus at other times during your cycle? Yes No
If yes, when? _____ For how many days? _____

Describe the quality & quantity of that mucus: _____

FERTILITY INFORMATION (continued)

LABORATORY & PHYSICAL EXAM- RESULTS

Hormone Levels:

Estradiol: _____ FSH: _____ LH: _____

Estrogen: _____ Progesterone: _____

Other Blood Test Results: _____

Laparoscopy: _____

HSG (Test to Determine State of Fallopian Tubes): _____

Ultrasound : _____

Uterine Abnormalities : _____

FERTILITY TREATMENTS

List any medications taken to enhance fertility: _____

Number of IVF procedures: _____ Number of IUIs: _____

What are your treatment goals related to fertility? _____

Describe the emotions that most closely related to your journey towards pregnancy: _____

Is there anything else you would like us to know? _____