

# FERTILITY ADDENDUM

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Total pregnancies \_\_\_\_\_ Full term deliveries \_\_\_\_\_ Premature deliveries \_\_\_\_\_ Abortions \_\_\_\_\_ Miscarriages \_\_\_\_\_

Infertility diagnosis \_\_\_\_\_ How long have you been trying to conceive? \_\_\_\_\_

With the same person the whole time?  Yes  No Is this person supportive of your wish to conceive?  Yes  No

Has this person undergone evaluation?  Yes  No If Yes, list results \_\_\_\_\_

Below, list all therapies (IVF, IUI, Meds, etc) you **HAVE** done, **ARE** doing, or **INTEND** to do and with **WHAT DOCTOR?**

\_\_\_\_\_

\_\_\_\_\_

If fallopian tubes have been checked, list results \_\_\_\_\_

Tube ligations? Y / N If Yes, when \_\_\_\_\_ Hormone Labs? Y / N results \_\_\_\_\_

Depo Provera? Y / N If Yes, when \_\_\_\_\_ I.U.D? Y / N If Yes, when \_\_\_\_\_

Diaphragm? Y / N If Yes, when \_\_\_\_\_ Oral Contraceptives? Y / N \_\_\_\_\_

Abnormal Pap? Y / N If Yes, when \_\_\_\_\_ When was your last Pap? \_\_\_\_\_

Cervical Biopsy? Y / N Cervical Operation? Y / N Cervical Conization? Y / N Uterine Fibroids? Y / N

Uterine Polyps? Y / N Nipple Discharge? Y / N Venereal Disease? Y / N Vaginal Discharge? Y / N

Chlamydia? Y / N Vaginal Lubricants? Y / N Excessively Oily Skin? Y / N Excessive Facial Hair? Y / N

Endometriosis? Y / N Excessive Hair Loss? Y / N Take Any Steroids? Y / N Get Yeast Infections? Y / N

Genitalia Sores? Y / N Pelvic Abnormalities? Y / N Pelvic Adhesions? Y / N Pelvic Inflammatory Disease? Y / N

Do you regularly douche? Y / N If Yes, with what and how often? \_\_\_\_\_

Was your mother ever exposed to DES (diethylstilbestrol) when she was pregnant with you? Y / N / Unsure

Sexual Energy  Low  Avg  High Cycle Flow  Very Light  Light  Average  Heavy  Varies

Agess menses began \_\_\_\_\_ Days between periods \_\_\_\_\_ Cycle day you are on \_\_\_\_\_ Cycle day you ovulate \_\_\_\_\_

Painful Periods? Y / N How many days do you typical flow for? \_\_\_\_\_ Do you have clotting? Y / N

Typical color of blood during period?  Black  Brown  Purple  Red  Light Red Spot b/t periods? Y / N

PMS? Y / N Bleed after intercourse? Y / N Painful intercourse? Y / N Do you ovulate on your own? Y / N

Facial breakouts at cycle? Y / N Breast tenderness at ovulation? Y / N Pre-menstrual lower back pain? Y / N