

# Acupuncture Fertility Intake Form

Name of OBGYN and phone : \_\_\_\_\_

Name of reproductive endocrinologist and phone \_\_\_\_\_

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

Have you been diagnosed with any of the following?

PCOS                       pelvic adhesions  
 endometriosis         fibroids or polyps

Have you been on Clomid? \_\_\_\_\_

If so, how many cycles and which months? \_\_\_\_\_

Have any of these been with IUI? \_\_\_\_\_

Have you been on injections with IUI? \_\_\_\_\_

If so, how many cycles and when? \_\_\_\_\_

Have you been through an IVF cycle? \_\_\_\_\_

If so, how many cycles and when? \_\_\_\_\_

Have you ever hyperstimulated during a medicated fertility cycle? \_\_\_\_\_

Do you respond well to the stimulating medication? \_\_\_\_\_

Has your dose of the stimulating medication been increased during a medicated fertility cycle? \_\_\_\_\_

What is your infertility diagnosis if you have one? \_\_\_\_\_

Have you had an HSG X-ray; when and what were the results? \_\_\_\_\_

Have you had hormone levels checked and what were the results? \_\_\_\_\_

Do you ovulate on your own? \_\_\_\_\_

Have you used BBT testing or ovulation kits and are you currently using them? \_\_\_\_\_

Does your partner have a diagnosis of infertility and what is it? \_\_\_\_\_

Do you have a history of recurrent miscarriage? \_\_\_\_\_ How many times? \_\_\_\_\_

When and many weeks were you? \_\_\_\_\_

Have you ever had an abortion? \_\_\_\_\_ How many times? \_\_\_\_\_ When? \_\_\_\_\_

Do you currently have any children? \_\_\_\_\_ How were they conceived (naturally, IUI, IVF etc)? \_\_\_\_\_

How old are they? \_\_\_\_\_