

# FERTILITY SUPPLEMENTAL FORM

**Fertility is not guaranteed with any medical therapy. Please provide all the information below. If you do not have your labs, you may be requested to get labs. Acupuncture is a natural process, and may take time. Each and every patient responds differently therefore we can't give you a set time frame for your results.**

## SECTION 1: FEMALE FERTILITY QUESTIONS

Full Name \_\_\_\_\_ Date: \_\_\_\_\_

Do you know your LABS?

FSH (Follicular Stimulating Hormone):

LH (Luteal Hormone):

AMH (Anti-mullerian Hormone):

Do you have a history of PCOS (Polycystic Ovary Syndrome) or Endometriosis?

Yes  No

Do you use recreational drugs or drink alcohol?  Yes  No

Have you ever been pregnant?  Yes  No

If yes, how many times? \_\_\_\_\_ Have you had any miscarriages?  Yes  No

Have you had any abortions?  Yes  No If so, were they performed in the United States?  Yes  No

## SECTION 2: PERIOD QUESTIONS

Date of Last Period: \_\_\_\_\_

Are your periods regular?  Yes  No

How many days do you bleed? \_\_\_\_\_

Would you consider your cycles to be heavy, light, or medium? \_\_\_\_\_

Do you pass clots?  Yes  No

Do you spot before or after periods?  Yes  No

How many days do you have in between your cycles? \_\_\_\_\_

## SECTION 3: OVULATION QUESTIONS

Do you ovulate on your own?  Yes  No  Don't Know

What day of your cycle do you typically ovulate? \_\_\_\_\_

Do you get stretchy discharge during your ovulation?  Yes  No

Do you have timed intercourse?  Yes  No

**If you plan to work with a Reproductive Endocrinologist, please continue to fill out Section 4. If not, please stop, unless you have information pertaining to Section 5.**

### SECTION 4: IVF/IUI/FET

Have you ever had a fertility procedure in the past? If so, which procedure and what were the results?

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When are you planning to start start your fertility procedure? \_\_\_\_\_

Who is your Reproductive Endocrologist? \_\_\_\_\_

Do you know what medications you will be put on? \_\_\_\_\_

Are you using egg donor or donor sperm? \_\_\_\_\_

### SECTION 5: MALE FERTILITY QUESTIONS

Are there any sperm quality concerns? \_\_\_\_\_

If so, we suggest to see your male partner for acupuncture.

Do you use laptops on your lap?  Yes  No

Do you use saunas, hot tubs, or engage in hot yoga?  Yes  No

Do you work with any chemicals?  Yes  No

Do you smoke?  Yes  No

LABS: Motility: \_\_\_\_\_

Morphology: \_\_\_\_\_

Count: \_\_\_\_\_

Concentration: \_\_\_\_\_

Do you use any recreational drugs or drink alcohol?  Yes  No

**THANK YOU**