

BACKGROUND INFORMATION FOR INITIAL CONSULTATION

✦ CONFIDENTIAL ✦

Wife's Name: _____ Birth Date: _____

Address: _____ Age: _____

Social Security #: _____

Home Phone #: _____ Business Phone #: _____

Husband's Name: _____ Birth Date: _____

Business Phone #: _____ Age: _____

Social Security #: _____

How were you referred to CUMC's Center for Reproductive Medicine?

Have you ever had an IVF, GIFT or ZIFT procedure done?

If so, when and where?

Briefly, what was the outcome?

Please state the reason you wish to have a consultation:

WIFE'S OB/GYN HISTORY

Do you have regular menstrual periods?

If so, how often do you menstruate?

How many days does menstrual flow ("bleeding") last?

Is flow light, moderate or heavy?

Do you experience pain or cramping between or during menstrual periods?

Have you ever been diagnosed with endometriosis?

Have you ever been told that your uterus is abnormally shaped (I shaped or "bicornuate")?

Have you ever been told that you are a "DES daughter", i.e., did your mother take DES during her pregnancy?

How long have you been trying to become pregnant?

Have you ever been pregnant in the past?

Dates of pregnancy or pregnancies:

Duration of pregnancy or pregnancies:

How many of these pregnancies resulted in: live birth(s)

miscarriage(s)

voluntary abortion(s)

ectopic(s)

Patient's: Height: _____ Weight: _____ Name of current OB/GYN:

PROCEDURES

Have you ever had a hysterosalpingogram (HSG) performed?

If yes, date of procedure: _____ Films should be obtained for appointment.

What were the findings of the HSG (briefly)?

Have you ever had a hysteroscopy or laparoscopy? _____ If so, when?

Briefly, what were the findings/results of the above operations?

Have you had any other surgery performed in the pelvic or abdominal region?

What surgery, and when was it performed?

Have you ever had an endometrial biopsy performed?

BLOOD TESTS

Have you ever had the following hormones drawn on day 3 of your menstrual period?

FSH (follicle stimulating hormone); LH (luteinizing hormone); and E2 (estradiol)?

If so, list the results? FSH: _____ LH: _____ E2: _____ AMH: _____

Note: The hormones mentioned above must be drawn in our lab on the third day of your menstrual period and reviewed by our lab and Dr. Rosenwaks prior to setting up an appointment for initial consultation. Please contact the office at (646) 962-3743 for instructions.

Do you have any history of major medical problems (other than those related to infertility)? If so, please describe:

TESTS – BOTH PARTNERS

Have you ever had a post-coital test?

Briefly, what were the findings?

Have you ever had an Antisperm Antibody test?

Briefly, what were the findings?

HUSBAND'S REPRODUCTIVE/UROLOGICAL HISTORY

Was a semen analysis performed? Yes _____ No _____

Please provide the results:

Volume:

Density (count):

Motility (movement):

Morphology (shape):

% Normal:

Have you ever been diagnosed with a varicocele?

If so, did you have the varicocele repaired surgically?

Have you ever been on antibiotics for an infection such as chlamydia or mycoplasma?

Do you have any history of major medical problems (other than fertility-related)? If so, please describe:

Please return this completed questions to:

Zev Rosenwaks, M.D.
CRMI Attn: Ms. Wally Padillo, M.A.
1305 York Avenue 6th floor
New York, N.Y. 10021

It may also be faxed to us at: **646-962-0391**, Attn: Wally

Please do not mail any medical records until you have an actual appointment date.

Please call after submitting this form to ensure that we have received it.

Thank you for your interest in the programs offered through The Center for Reproductive Medicine at Cornell University.