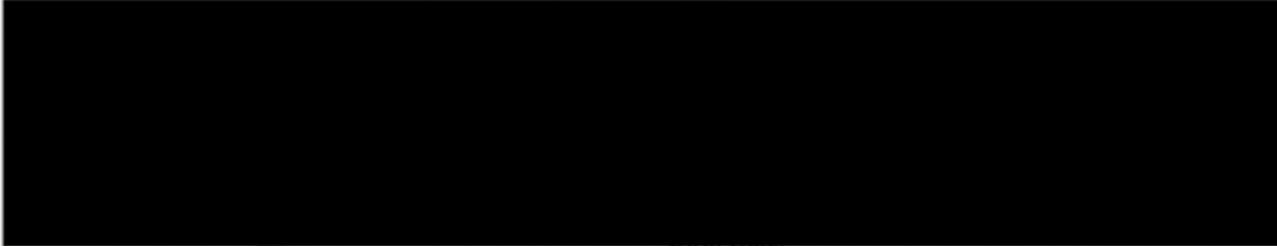


BACKGROUND INFORMATION FOR INITIAL CONSULTATION

✦ CONFIDENTIAL ✦



Business Phone #: \_\_\_\_\_ Age: \_\_\_\_\_

Social Security #: \_\_\_\_\_



Reproductive Medicine? \_\_\_\_\_

Have you ever had an IVF, GIFT or ZIFT procedure done? NO

If so, when and where? \_\_\_\_\_

Briefly, what was the outcome? \_\_\_\_\_

Please state the reason you wish to have a consultation: I would like to freeze my eggs. I'm unsure of when/if I want children and want a back up in case I get too old-

WIFE'S OB/GYN HISTORY

Do you have regular menstrual periods? yes - I'm currently on yasmin birth control.

If so, how often do you menstruate? every 28 days

How many days does menstrual flow ("bleeding") last? 5 days

Is flow light, moderate or heavy? Light to moderate

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

Have you ever been diagnosed with endometriosis? NO

Have you ever been told that your uterus is abnormally shaped (T shaped or "bicornuate")? NO

Have you ever been told that you are a "DES daughter", i.e., did your mother take DES during her pregnancy? NO

How long have you been trying to become pregnant? NA -

Have you ever been pregnant in the past? NO

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: 5'7" Weight: 123 Name of current OB/GYN: Mindy Kwan