



FERTILITY HISTORY

Unexplained: Yes or No

Female

Tubal: Pelvic Inflammatory Disease Sterilisation Previous Ectopic Pregnancy
 Removal of Tube or Tubes Congenital Tubal defect Multiple Tubal Causes.

Endometriosis : Mild Moderate Severe Not known

Polycystic Ovaries (PCO):

Ovulation Disorder:

Other: _____

Male

Azoospermia (no sperm) Oligospermia (low sperm count) Decreased motility Abnormal sperm morphology Endocrine disorders Sterilisation (vasectomy) Unsuccessful Vasectomy reversal

Other: _____

PREGNANCY

Female

Total Number of Pregnancies : _____

Number of Children: _____ (Current relationship) _____ (Previous relationship)

Miscarriages : (weeks gestation) _____ Terminations _____

Ectopic Pregnancies : _____ Still Births (weeks gestation) _____

Male partner: Number of children _____ (Current relationship) _____ (Previous relationship)

PREVIOUS INFERTILITY TREATMENT YES / NO

Type:

<input type="checkbox"/> Intrauterine insemination cycles	Total number of cycles: _____
<input type="checkbox"/> IVF cycles	Total number of cycles: _____
<input type="checkbox"/> Frozen Embryo cycles	Total number of cycles: _____

When: _____ Where: _____

I declare that the above information is correct.

Signature _____ Date _____