Palmetto Acupuncture Clinic
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Female Fertility Form

CONFIDENTIAL

Date	First Name	Last Name	Middle Initial
_____ / _____ / _____			

Date of Birth _____ / _____ / _____	Age	Body Type	Height:	Weight:	Complexion:	Occupation:

LMP: _____ Cycle Duration _____

RE & I Clinic / Fertility Specialist: RMFC / CCRM / FCC / Conceptions / CU
Other OBGYN doctor _____ Start Date: _____ Month/ Year

. Western Diagnosis _____

1. Fertility treatments (including cancelled cycles):

Date	Natural, IUI IVF, Other	Medication Used	# of Mature Eggs / Follicles	Pregnancy Yes/No	If Miscarried , Indicate at which Week	Other Comments and Locations

2. Patient Diagnostics / Date

Elevated FSH	Uterine Fibroids / Polyps	Endometriosis / Adhesions	PCOS	POF	Low Progesterone Level	PID	STD's	Herpes

Others:

3. If the patient has PCOS, are they taking:

Glucophage	Fortamet	How long?	Are you taking extra B-Complex Vitamins?

4. Female Health:

PID	Chlamydia	STD's	Herpes	Antisperm Antibodies	Others

5. Procedures performed cont. / Dates

Laparoscopy	HSG-Hysterosalpingogram	Others:

6. Lab Results/ Dates

FSH Level Day 3	HCG	Prolactin	TSH	T3:	T4:	Free T4:	Others

7. Lab Results on File Y / N

8. Supplements and/or Vitamins?

Date	Prenatal	Fish Oil	Greens Plus	Antioxidants	Royal Jelly/ Propolis	Additional Folic Acid	Others

9. Planned ART / Date:

IUI w/ Injectables	IUI w/ Oral Meds	Clomid	IVF	PGD	Other

10. Fertility History / Dates

Pregnancies	Children	Miscarriages	Abortions	Ectopics	D&C	Abnormal Pap Smear	Others

11. Other:

Age at which menses began? _____ OCP _____ How long? _____ List name of birth control _____ How long has patient TTC? _____ Clomid challenge test? _____ Date:_____ Day 3_____ at Day 10_____ at _____(month/year) Recurrent yeast infections? _____ How often? _____	Natural Ovulation …….. Y / N Which day of your cycle _____ to _____ Typically, how many days are there from one period to the next _____ to _____ days? Today is which day of patient's cycle? _____ Current month treatment plan _____ (Natural, IUI, IVF, Any Tests, etc.)

9. PMS

	10 Days Before	1 Week Before	2-3 Days Before
Breast Tenderness			
Depression			
Fatigue			
Low Back Pain			
Face Break Out			
Other			

10. Menstrual History

Symptoms (please check each day)	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6-7
Do you have Back Pain?						
Cramps (Light, Medium, Severe)						
Color (Light Red / Red / Dark Red / Brown)						
How Heavy is Flow (Light, Normal, Heavy)						
Is there Clotting?						
Is there Spotting?						

11. Is partner currently being treated by us? **Y / N**

12. Partner's Name _____

13. Western Diagnosis of the partner: _____

14. Do we have copies of labs / sperm analysis **Y / N**

15. Results for Sperm Analysis:

Date	Count	Morphology	Motility	Volume

16. Male Reproductive History/ Date:

Varicocele	Vasectomy	Vasectomy Reversal	SCSA / DNA	Anti- Sperm Antibodies	Others

17. Following Fertility :

Basal Body Temperature Chart Y / N
Timed Sex …… Y / N
Stress Reduction …… Y / N

Diet Principals : □ Yin
□ Yang
□ Blood
□ Qi

Ovulation

LH Sticks …… Y / N
OPK …… Y / N
Relationship / Sex …….. Y / N

Avoid Ice cold Foods……... Y / N
Avoid Tampons…… Y / N
Femoral Massage …… Y / N
Visualization……. Y / N
Meditation ……... Y / N
Yoga ……. Y / N
Qi Gong……. Y / N
Deep Breathing…… Y / N
Journaling……. Y / N
Foot Soaks…… Y / N
Feminine Hygiene…… Y / N
Detox……..... Y / N
Type of Detox
Feng Shui……... Y / N