



Welcome to Gold Coast Fertility Acupuncture. To help us provide you with the best possible care please fill out this form carefully. Any information you provide will be treated with complete confidentiality and will be kept in your patient file. If you have any questions please ask us. We thank you for taking the time to complete this information prior to your consult.

CONTACT INFORMATION

Name: Date:

Address:

Primary Phone: Home Work Mobile (circle one)

Email Address:

Emergency Contact: Phone:

How did you hear about us?

MEDICAL INFORMATION

Birth Date + Age: Height: Weight: Sex:

GP Name: OB / GYN Name:

Other Health Care Providers you see regularly and for what conditions:

.....

.....

Medically Diagnosed Conditions:

Medications Taken:

Supplements Taken:

Any known allergies:

FERTILITY HISTORY

PRIOR PREGNANCIES

Do you have children? What are their ages?

Any difficulties falling pregnant? Please detail:

.....

Did you use IVF or assisted reproductive technologies to fall pregnant?

Were there any issues through the pregnancies? Please detail:

.....

Natural deliveries or C-Sections?

Any complications with labour?

Any post-partum issues?

Number of abortions: Number of miscarriages: Number of D & C's performed:

CURRENT MENSTRUAL CYCLE

How long have you been trying to conceive?

Have you recently stopped taking the Contraceptive Pill? How long ago?

Have you had an IUD or implant? How long ago?

Did you utilise any of the above for reasons other than contraception?

Any medically diagnosed gynaecological conditions? Please detail:

.....

Age period began: Do you have a regular cycle?

Length of full cycle: How many days do you bleed for?

How heavy is the bleeding? (circle one) Light Medium Heavy Excessive

What colour is the blood? (circle one) Pale Light Red Bright Red Dark Red Purple Brown

What is the consistency of the blood? (circle one) Watery Thin Normal Thick Sticky

Do you get clots or mucous in the blood? Small clots large clots

Has your menstrual cycle noticeably changed recently? Please detail:

.....

Do you know when you ovulate? How do you know this? What day?

Is there much mucous evident with ovulation? (circle one) Copious Scanty Difficult to detect

When premenstrual do you get? (please circle)	Headaches	Moodiness	Breast tenderness
Acne or breakouts	Bloating	Loose bowels before or during period	
Food cravings	Fatigue	Low back pain	Water retention

Do you suffer from painful periods? Describe the pain:

When does the pain begin?: How many days do you get the pain?

Where is the pain? What relieves the pain?:

MEDICAL TESTS

(If you have had medical tests done recently? Please feel free to bring a copy of the results with you.)

Has your oestrogen or progesterone levels found to be out of range?

Do you know your AMH level? FSH level? Prolactin level?

Have you had your Thyroid levels tested? MTHFR? Immune/ NK cells?

Other?

Are your fallopian tubes clear and unblocked?

Have you had a hysteroscopy or laparoscopy?

Have you been utilising IVF or assisted reproductive technologies to fall pregnant? Please detail:

.....

.....