GOLD COAST | FERTILITY ACUPUNCTURE

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 thankyou 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 CHILDREN

Do you have children? ……. What are their ages? …….

Any difficulties conceiving? …….. Please detail: ……..……..……

…….

Did you use IVF or assisted reproductive technologies to conceive? ……..…….

Have you ever had a vasectomy? Please detail: …….

CURRENT FERTILITY

How long have you been trying to conceive? ……...

How is your sexual energy? Low Normal High Notes: …….

Have you experienced difficulty maintaining erection? Please detail: …….

Have you experienced difficulty ejaculating? Please detail: …….

Have you ever had any urologic surgeries? Please detail: ……...…….

Have you ever been diagnosed with a varicocele? Please detail: …….

MEDICAL TESTS

(If you have had medical tests performed please bring a copy of the results with you.)

What was your sperm count? (circle one) Normal Below Normal Range Notes: ……...

What was your sperm motility? (circle one) Normal Below Normal Range Notes: ……..

What was your sperm morphology? (circle one) Normal Below Normal Range Notes: ……

What was your sperm antibodies? (circle one) Normal Abnormal Notes: ……

What was your semen PH? (circle one) Low Normal High Notes: ……..

What was your semen volume? (circle one) Low Normal High Notes: ……...

Has your testosterone levels found to be out of range? Please detail: ……..

Have you had your Thyroid levels tested? …….. Immune/ Antibodies? ……...