PATIENT HISTORY AND PHYSICAL

incinta FERTILITY

Date of Visit	Coordinator	Date Transcribed	Initials
Language ☐ English ☐ Chinese ☐ Spanish ☐ Japanese			

PATIENT INFORMATION

Last Name	First Name	F M	DOB	Age
Partner Last Name	Partner First Name	F M	DOB	Age

Reason for Consultation:	☐ Married ☐ Domestic Partners ☐ Single ☐ Same Sex Couple
	Yrs infert. / Referral Source

PATIENT HISTORY

Medical Hx			Allergies		
Surgery Hx			Medications		
Social Hx					

Family Hx	Living /Age	Comment	Family Hx	Living / Age	Comment
Mother	☐ Y ☐ N		Father	☐ Y ☐ N	
M Grandmother	☐ Y ☐ N		P Grandmother	☐ Y ☐ N	
M Grandfather	☐ Y ☐ N		P Grandfather	☐ Y ☐ N	
Sibling	☐ Y ☐ N		Sibling	☐ Y ☐ N	

REVIEW OF SYSTEMS

HEENT/Neck	☐ N ☐ A	Adomen/GI	☐ N ☐ A
Heart	☐ N ☐ A	Extremities	☐ N ☐ A
Lungs	☐ N ☐ A	Breast/Gyn	☐ N ☐ A

G	P	A	LMP	Interval	Length	Date last Pap	☐ N ☐ A	Date mammogram	☐ N ☐ A

Past infertility treatment/testing:

Pregnancy Hx		Partner	EAB	SAB	Ectopic	Delivery		Comments
1	Date	☐ Same ☐ Yes ☐ No	☐	☐ Biochem ☐ D&C ☐ Cytogen ☐ MTX ☐	☐ MTX ☐ Laparoscopy ☐ Laparotomy ☐ Salpingectomy ☐ Salpingostomy	Date	Weight	
	Wks Preg.					☐ Vaginal ☐ C-sec	☐ Male ☐ Female	
2	Date	Same ☐ Yes ☐ No	☐	☐ Biochem ☐ D&C ☐ Cytogen ☐ MTX ☐	☐ MTX ☐ Laparoscopy ☐ Laparotomy ☐ Salpingectomy ☐ Salpingostomy	Date	Weight	
	Wks Preg.					☐ Vaginal ☐ C-sec	☐ Male ☐ Female	

EXAM

Height	Weight	BMI (25 or less)	Blood Pressure	Heart Rate	Temperature

HEENT / Neck	☐ N ☐ A	Breasts	☐ N ☐ A
Heart / Lungs	☐ N ☐ A	Genitalia	☐ N ☐ A
Abdomen	☐ N ☐ A	Vagina / Cervix	☐ N ☐ A
Extremities	☐ N ☐ A	Uterus	☐ N ☐ A

Patient Last Name	Patient First Name	Date of Visit

PARTNER HISTORY

				Semen Analysis	
Allergies:	Medications:	Medical Hx:		Vol:	Count:
Social Hx:	Surgical Hx:			Mot:	Morph:
				Comment:	

Family Hx	Living / Age	Comment	Family Hx	Living / Age	Comment
Mother	☐ Y ☐ N		Father	☐ Y ☐ N	
M Grandmother	☐ Y ☐ N		P Grandmother	☐ Y ☐ N	
M Grandfather	☐ Y ☐ N		P Grandfather	☐ Y ☐ N	
Sibling	☐ Y ☐ N		Sibling	☐ Y ☐ N	

ASSESSMENT

PLAN

Orders Female	☐ Prenatal Panel ☐ ABO/RH ☐ CBC ☐ Rubella ☐ Varicella ☐ Infectious screens ☐ HIV I / II ☐ RPR ☐ HCV ☐ HBsag ☐ GC / GT	☐ Carrier Screen ☐ CF ☐ Fragile X ☐ Chromosomes ☐ HgB Fract.	☐ E2 / FSH ☐ LH ☐ Clomid challenge ☐ AMH ☐ Inhibin B ☐ D3 AFC ☐ TSH ☐ Thyroid Anti. ☐ TPO ☐ Prolactin	☐ HSG ☐ FemVue/SIS ☐ SIS ☐ Mock ☐ LSC ☐ HSC ☐ Mid-cycle Ultrasound ☐ 2 hr GTT/Insulin ☐ HgbA1C ☐ Testosterone ☐ DHEA-S ☐ LFT's	☐ RPL labs ☐ Protein S Act. ☐ Protein C Act. ☐ Antithrombin III Act.** ☐ Factor II ☐ Factor V ☐ MTHFR ☐ Cardiolipin Antibodies ☐ Lupus Anticoagulant ☐ Homocystine ** ☐ Antiphospholipid Ant. ☐ HgbA1C. ☐ Beta Glycoprotein . ☐ Act Protein C Resist **
Orders Male	☐ CBC ☐ Infectious screens ☐ HIV I / II ☐ HTLV I / II ☐ RPR ☐ HCV ☐ HBsag ☐ GC / GT	☐ Carrier Screen ☐ CF ☐ Chromosomes ☐ HgB Fract	☐ SA / Kruger ☐ Semen cryo	☐ Urology Evaluation ☐ PESA /_____	Other:

Treatment

☐ TI ☐ Clomid_____mg ☐ Femara (Letrozole) 2.5 mg ☐ FSH _____ IU _____

☐ IUI ☐ Sperm Donor Product name:

☐ IVF
- ☐ ICSI
- ☐ AH
- ☐ PGD_____probe ☐ GSN
- ☐ PGD single gene
- ☐ Egg donor
- ☐ Sperm donor
- ☐ Gestational carrier
- ☐ ET ☐ Freeze all
- ☐ FET
- ☐ Egg cryo
- ☐ Donor embryo

Medication Protocol

- ☐ Metformin
- ☐ Heparin 5,000 BID
- ☐ Lovenox
- ☐ HGH
- ☐ Follistim_____IU ☐ Gonal_____IU
- ☐ Menopur_____vials ☐ Luveris_____vials ☐ HMG _____amps
- ☐ Dosing/meds to be determined after AFC and D 3 labs
- ☐ Other

☐ Acupuncture (prn) ☐ Legal ☐ Financial

Counseling	☐ Mammogram/Well woman exam ☐ Pre-conceptual care ☐ Genetic risks	☐ Diet/Exercise ☐ Weight management ☐ Smoking cessation	☐ IUI ☐ IVF ☐ PGT	☐ Contraception ☐ ☐

Provider ☐ J. Lin, M.D. ☐ A. Park, M.D. ☐

Signature	Date

Patient Last Name	Patient First Name	Date of Visit

Additional Notes: Patient

Additional Notes: Partner