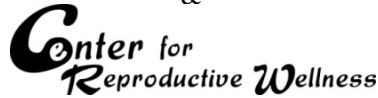


&



6. Lab Results / Dates

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

7. Fertility Tracking:

Basal Body Temperature Chart Y / N

Timed Sex Y / N

Ovulation

LH Sticks Y / N

OPK Y / N

8. Lab Results Available? Y / N

9. Supplements and/or Vitamins

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

10. Planned ART/Date

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

11. Fertility History/Dates

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

12. Other:

Age at which menses began? _____	Natural Ovulation Y / N
OCP (Birth Control Pill) _____ How Long? _____	Which day of your cycle ____ to ____ Typically, how many days are there from one ____ to period to the next? ____ days
List name of birth control _____	Today is which day of patient's cycle?
How long have you been trying to conceive? _____	Current month treatment plan
Clomid challenge test? _____	(Natural, IUI, IVF, any tests, etc.)
Date: _____	
Day 3 _____ at Day 10 _____ at _____ (month/year)	
Recurrent yeast infections? _____ How often? _____	