



WILLOW TREE WELLNESS

Fertility Treatment History

We ask that you take the time to fill out this history as carefully and completely as possible including dates, results, and side effects where appropriate. The more information we have to work with, the better we can understand your body as a whole, and how it has responded to treatment. Thank you for taking the time to complete this form.

Name _____
Age _____ Date _____
Fertility Clinic _____
Physician _____

Western Medical Diagnosis (if any) _____

Western Diagnostic Tests & Hormone Panels (include dates & results)

- è Hysterosalpingogram (HSG) _____
- è Endometrial Biopsy _____
- è Clomid Challenge test _____
- è Follicle Stim. Horm. (FSH) _____
- è Leutinizing Horm. (LH) _____
- è Estradiol (estrogen) _____
- è Progesterone _____
- è Prolactin _____
- è Doppler ultrasound (blood flow) _____
- è Hysteroscopy/Saline Infused Sonogram _____
- è Any additional tests _____

GYN related surgeries (dates & outcome)

A.R.T. History

Intrauterine Insemination (IUI) Please list each cycle with date, meds used, egg/sperm quality, any complications/side effects, outcome, etc.

In Vitro Fertilization (IVF) Please list each cycle with date, type of cycle (fresh, frozen, donor, etc.), meds used, # of eggs retrieved and # fertilized, type of fertilization (ICSI, etc), egg/sperm donor or gestational carrier use, PGD use, quality and # of embryos transferred, # of embryos frozen, any complications/side effects, outcome, etc.

Male Factor (please include dates, results and any applicable treatment)

- è Sperm Count (#/cc) _____
- è Sperm Motility (% moving) _____
- è Sperm Morphology _____
- è Sperm Rise ("swim up test") _____
- è Anti-sperm Antibodies _____
- è Varicocele (including surgery) _____
- è Sperm penetration assay (SPA) _____
- è Other male factor concerns _____

Other Past Treatments Please indicate any other forms of past treatment, both conventional and alternative.

Do you have any other comments, concerns, or issues that you would like to discuss?
