

Date: \_\_\_\_\_

Patient Full Legal Name (Please Print): \_\_\_\_\_  
Last Name First Name Middle Initial

Partner Full Legal Name (Please Print): \_\_\_\_\_  
Last Name First Name Middle Initial

Home Address: \_\_\_\_\_  
Street Address City State Zip

**PATIENT:**

Patient Age: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_  
 Soc Sec #: \_\_\_\_\_  
 Cell Phone: \_\_\_\_\_  
 Work Phone: \_\_\_\_\_  
 E-mail Address: \_\_\_\_\_

**PARTNER:**

Patient Age: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_  
 Soc Sec #: \_\_\_\_\_  
 Cell Phone: \_\_\_\_\_  
 Work Phone: \_\_\_\_\_  
 E-mail Address: \_\_\_\_\_

**ETHNICITY** (PLEASE MARK ALL THAT APPLY)

**PATIENT**

- American Indian/Alaska Native
- Asian
- Black/African American
- Hispanic or Latino
- Native Hawaiian or Other Pacific Islander
- White/Caucasian
- Other: \_\_\_\_\_
- Unknown/Not Observed

**PARTNER**

- American Indian/Alaska Native
- Asian
- Black/African American
- Hispanic or Latino
- Native Hawaiian or Other Pacific Islander
- White/Caucasian
- Other: \_\_\_\_\_
- Unknown/Not Observed

**HISTORY SUMMARY**

Height: \_\_\_\_ feet \_\_\_\_ inches    Current Weight: \_\_\_\_\_ lbs/kg  
 Married? .....Yes No    If YES, Duration of marriage: \_\_\_\_\_ (months/years)    Duration of Infertility: \_\_\_\_\_ (months/years)  
 Smoker? .....Yes No    If YES, average smoked \_\_\_\_\_ (# per day/month)    Length of time: \_\_\_\_\_ (months/years)  
 Chicken Pox?.....Yes No    If NO, have you been vaccinated? ..... Yes No

**MENSTRUAL CYCLES**

Age of First Menses: \_\_\_\_\_    Cycles Are ..... Regular Irregular    Cycle Occurs Every \_\_\_\_\_ Days

**OBSTETRICAL HISTORY**

Number of Total Pregnancies:..... \_\_\_\_\_  
 Number of Live Births ..... (<37wks) \_\_\_\_\_ (=/>37wks) \_\_\_\_\_  
 Number of Induced Abortions..... \_\_\_\_\_  
 Number of Miscarriages ..... \_\_\_\_\_  
 Number of Ectopic Pregnancies..... \_\_\_\_\_  
 Number of Biochemical Pregnancies... \_\_\_\_\_

Number of Total IVF Cycles: \_\_\_\_\_ Fresh \_\_\_\_\_ Thaw

Form Completed By: \_\_\_\_\_