FEMALE INTAKE FORM

We're glad you found us here at Reproductive Medicine Associates of Northern California. Perhaps you're struggling to conceive for the first time or have experienced multiple miscarriages. Maybe you're dealing with an endocrine disorder or wondering if fertility preservation is right for you. Whatever road you're on, we can help.

For more than 20 years our network of physicians, nurses, laboratory and support staff has been helping one patient at a time find the right path to success.

To get to know you, your goals, and your health history a little better, please answer the following questions so we can make the most of your new patient consultation.

Depending on your health history it should take you between five to ten minutes to complete.

Have a question along the way? Call our patient liaison team 7am-5pm M-F at 415-603-6999 or email us at rmanorcal@ivirma.com.
Please fax completed form to 415-644-0124 or email to rmanorcal@ivirma.com

FEMALE DEMOGRAPHIC INFORMATION

Name (Last): _____ (First): _____ (Middle): _____

Date of Birth: _____ Age: _____ Height: _____ Weight: _____

Profession: _____ Employer: _____

Preferred Pronouns: _____

What is your primary reason for your consultation?

Infertility ◯ Recurrent Pregnancy Loss ◯ Endocrine Disorder ◯ Other ◯

Please tell us about some of your goals or expectations for your consultation? (fill in answer below)

BRIEF HEALTH HISTORY

How long have you been trying to conceive? (Months) _____

How old were you when you had your first period? (Age) _____

What was the date of you last period? (Month/Day) _____

Are your periods regular? Yes ◯ No ◯

How many days between your menstrual cycles? (i.e. 21) _____

How many days do you bleed for? (i.e. 7) _____

Have you ever smoked in the past? Yes ◯ No ◯

Do you currently smoke? (Y/N) Yes ◯ No ◯

Packs per day? _____

How long have you been smoking? (Years) _____

How many glasses of alcohol do you drink per week? (i.e. 7) _____

Do you use recreational drugs? (i.e. marijuana) Yes ◯ No ◯

If yes, how often? _____

Have you ever used performance enhancing steroids? Yes ◯ No ◯

Are you allergic to any medications? (Y/N) Yes ◯ No ◯

If yes, please list medications you are allergic to: (fill in answer below)

Please list any medical issues that require regular attention by a physician or other healthcare provider: (fill in answer below)

Please list any prescription medications you've taken in the last 12-months

DRUG NAME	REASON FOR USE	DAILY DOSE	LENGTH OF USE

PREGNANCY HISTORY

PREGNANCY #	MONTH YEAR	OUTCOME (vaginal delivery, cesarean section, miscarriage, termination)	WAS INFERTILITY TREATMENT REQUIRED? Y/N	HOW MANY MONTHS WERE YOU TRYING?	DID THE PREGNANCY EXCEED 37 WEEKS? Y/N	DID YOU HAVE A HEALTHY DELIVERY? Y/N	WITH CURRENT PARTNER? Y/N

SURGICAL HISTORY

Do you have a history of miscarriages? Yes ◯ No ◯

If yes, how many losses _____

how many D&C's _____

Was anything abnormal found on report(s)? Yes ◯ No ◯

Please list any surgeries you have had:

DATE (M/Y)	ISSUE/MEDICAL INDICATION	PROCEDURE PERFORMED	OUTCOME

FERTILITY TREATMENT CYCLE HISTORY

Note: If you've had NO prior fertility treatment please proceed to the last page

Have you ever been prescribed clomid?	Yes ◯	No ◯	
If yes, how many cycles have you completed?	1 ◯	2 ◯	3 or more ◯
Did you achieve a pregnancy?	Yes ◯	No ◯	
Did you deliver?	Yes ◯	No ◯	
Have you ever been prescribed letrozole?	Yes ◯	No ◯	
If yes, how many cycles have you completed?	1 ◯	2 ◯	3 or more ◯
Did you achieve a pregnancy?	Yes ◯	No ◯	
Did you deliver?	Yes ◯	No ◯	
Have you ever been prescribed injectable medications?	**Yes** ◯	**No** ◯	
If yes, how many cycles have you completed?	1 ◯	2 ◯	3 or more ◯
Did you achieve a pregnancy?	Yes ◯	No ◯	
Did you deliver?	Yes ◯	No ◯	
Have you ever had an intrauterine insemination (IUI)?	**Yes** ◯	**No** ◯	
If yes, how many cycles have you completed?	1 ◯	2 ◯	3 or more ◯
Did you achieve a pregnancy?	Yes ◯	No ◯	
Did you deliver?	Yes ◯	No ◯	
Have you ever had a sonohysterogram?	**Yes** ◯	**No** ◯	
If yes, was result normal or abnormal?	Normal ◯	Abnormal ◯	
Have you ever had a hysterosalpinogram?	**Yes** ◯	**No** ◯	
If yes, was result normal or abnormal?	Normal ◯	Abnormal ◯	
Has your partner ever had a semen analysis?	**Yes** ◯	**No** ◯	
If yes, was result normal or abnormal?	Normal ◯	Abnormal ◯	

IN VITRO FERTILIZATION (IVF) TREATMENT HISTORY

Note: If you've had NO prior IVF treatment please proceed to the last page

Please list your most recent IVF cycles below

Please check here if you have had more than 4 IVF cycles ◯

	CYCLE 1	CYCLE 2	CYCLE 3	CYCLE 4
CYCLE DATE (M/Y)				
PREVIOUS IVF CENTER/PHYSICIAN				
WAS THIS CYCLE A FROZEN EMBRYO TRANSFER CYCLE? (Y/N)				
MAXIMUM DAILY GONADOTROPIN DOSE (GONAL-F, MENOPUR, ETC.)				
# EGGS RETRIEVED				
# EGGS FERTILIZED				
WAS ICSI PERFORMED?				
# EGGS FROZEN				
# FROZEN EMBRYOS				
WAS EMBRYO TESTING PERFORMED (CCS/PGD)?				
# EMBRYOS TRANSFERRED				
WERE EMBRYOS TRANSFERRED BEFORE 5 OR 6 DAYS OLD?				
PREGNANCY (Y/N)				
DELIVERY (Y/N)				

ETHNICITY

What is your ethnicity?

Caucasian ◯ Black or African American ◯ Hispanic or Latino ◯ Asian ◯ American Indian/Alaskan Native ◯
Native Hawaiian/Pacific Islander ◯ Other ◯

Do you have any of the following ethnic backgrounds?

Jewish-Ashkenazi ◯ Jewish-Sephardic ◯ French Canadian ◯ Mediterranean ◯
Cajun ◯ Middle Eastern ◯ Unsure ◯

ADDITIONAL INFORMATION

What is your favorite song: _____ **by:** _____

What is your favorite place in the world to get away? _____

Thank you for taking the time to provide your health and prior treatment information which can help us find the right path to success for you in the shortest time necessary.

Please take a few more moments to share with us any additional relevant health information, questions about fertility treatment, or any other issues you would like your physician to be aware of. (fill in answer below)

INFORMATION DECLARATION

By signing I declare that, to the best of my knowledge, all of the information that I have provided in the RMA NorCal Patient Intake form is accurate and truthful.

_____ _____

Signature Date