The Source for New Beginnings

RMA

Reproductive Medicine Associates of Florida

Infertility Summary

PLEASE COMPLETE THIS SUMMARY OF YOUR INFERTILITY HISTORY SO THAT WE CAN BE SURE THAT YOUR RECORDS ARE REVIEWED PROPERLY AND THAT CORRECT INFORMATION IS PROVIDED TO YOUR INSURANCE COMPANY, IF APPROPRIATE.

Date:			
Name of Patient:		Date of Birth:	Age:
Insurance Name:			
Insurance ID#:		Group #:	
Length of time trying to conceive	Years:	Months:	

PREVIOUS INFERTILITY TREATMENT	NUMBER OF CYCLES
1. Clomid Cycles	
2. IUI Cycles wih Injectable Stimulation Medication	
3. Fresh IVF Cycles	
4. Frozen Embryo Transfers	
4. IVF Cycles Covered by Insurance	

PLEASE MAKE SURE THAT ALL RESULTS ARE INCLUDED IN YOUR RECORDS.

HAVE YOU HAD:	YES	NO	NORMAL	ABNORMAL
Sonohysterogram	☐	☐		
Hysterosalpinogram	☐	☐		
Semen Analysis	☐	☐		
Tubal Ligation	☐	☐	Reversal Yes ☐	Reversal No ☐
Vasectomy	☐	☐	Reversal Yes ☐	Reversal No ☐
Has the female partner ever been pregnant?	☐	☐		
Do you have a history of miscarriages?	☐	☐	# of losses	# of D&C's _____ Was anything abnormal found on report/s Yes ○ No ○

Signature:_____ Date:_____