



Initial Consultation Questions

When you call to make your appointment, one of our IVF Coordinators will ask you a series of questions covering the following information:

- Your Name
- Your date of birth
- Your partner's name (if applicable)
- Your partner's date of birth (if applicable)
- Do you know which treatment you plan to have?
- Your height
- Your weight
- Have you ever had any treatment for, or problems with, your lungs, heart, blood and blood vessels, breasts, digestive system, genito-urinary system, thyroid disease, diabetes, or neurological disorder? (female partner only)
- How many times have you been pregnant?
- For each of your pregnancies, what was the conception date? (month and year)
- What was the outcome?
- Was the pregnancy with your current partner?
- What is your average cycle length? (number of days between onsets of your periods)
- If known, what is the cause of your infertility?
- What is the length of your relationship with your current partner? (years and months)
- When was the last time either of you used any type of contraception?
- For each X-ray of your uterus and Fallopian tubes (hysterosalpingogram), laparoscopy, hysteroscopy, or laparotomy, please give the date of the procedure (day, month, and year) and the findings.
- If available, for each FSH, LH, estradiol (estrogen, E2), and AMH (Anti-Mullerian Hormone) test you have had, please give the date of the test (day, month, and year) and the result.
- Have you done any intrauterine inseminations (IUI)? If yes, how many?
- Have you had ovarian stimulation with injectable medications?
- For each IVF treatment you have had, please provide the following information if available: Date (month and year), the dose of medications to stimulate your ovaries, your highest estrogen level, number of ovarian follicles that developed, number of eggs retrieved, whether ICSI was done, number of embryos available, number of embryos transferred, number of embryos frozen, and the treatment outcome.
- The total number of pregnancies the male partner has ever caused.
- Has the male partner ever caused a pregnancy without the ICSI (Intracytoplasmic Sperm Injection) procedure?

- Has the male partner had a vasectomy or vasectomy reversal?
- If available, for each Semen Analysis, please give the date (day, month, and year), volume, concentration (sperm count), percentage of motile sperm, and percentage of morphologically normal sperm.
- Are you currently taking any medications? If yes, which ones?
- Are you allergic to any medications? If yes, which ones?
- Have you ever smoked cigarettes?
- If yes, how many cigarettes a day during the last three months? (Please remember that you must not smoke during your treatment.)
- Is the male partner currently taking any medications? If yes, which ones?
- Is the male partner allergic to any medications? If yes, which ones?