

Previous Female Infertility Evaluation

Have you had or used any of the following tests or procedures?

TEST/PROCEDURE	DATE	RESULT
BLOOD TESTS (NON IMMUNOLOGIC)		
FSH (Cycle day 3)		
Estradiol (Cycle day 3)		
LH (Cycle day 3)		
Progesterone (7 days after ovulation)		
TSH		
Prolactin		
DHEAS		
Testosterone		
17 Hydroxy-Progesterone		
Blood type and Rh status		
Rubella		
HIV		
Hepatitis B surface antigen		
Hepatitis C antibody		
RPR/VDRL (Syphilis)		
BLOOD TESTS (IMMUNOLOGIC)		
Antiphospholipid antibodies (APA)		
Natural Killer (NK) cell assay		
DQ Alpha		
Antithyroid antibodies		
PELVIC ASSESSMENT		
Vaginal Ultrasound		
Hysterosalpingogram (HSG) (Dye Test)		
Fluid Ultrasound (Sonohysterogram)		
Hysteroscopy		

Previous Infertility Treatment

Have you ever used any of the following medications or treatment?

MEDICATION	DATE	DOSE	# CYCLES	COMMENT
Clomiphene Citrate (Oral)				
Follistim/Gonal F/Menopure/Luveris				
HCG				
Progesterone				
Heparin/Lovenox				
Intralipid				
TREATMENT				
Intrauterine Insemination				
In Vitro Fertilization (IVF)				
Ovum Donation (OD)				
Third Party: (OD/or GS)				