New England Family Acupuncture

Julie Permut, Lic. Ac.

Natural Treatments for Pain Management, Women's Health, and other Chronic Health Concerns

174 Concord St., Ste. 250, Peterborough, NH 03458 603-924-6624 www.nhacupuncture.com

Fertility Testing & Treatment History

Name(s):

Age of both partners (if applicable):

Number of months/years trying to conceive:

Western Diagnosis (if any):

Female Fertility Testing (provide information on tests you have received):

	Date	Results/Findings (if any)
Hysterosalpingogram (HSG)		
Endometrial Biopsy		
Ultrasound		
Pelvic Examination		
Laparoscopy		
Follicle Stimulating Hormone (FSH)		
Leutenizing Hormone (LH)		
Estradiol		
Progesterone		
Prolactin		
Clomid Challenge		
Other Testing (please list)		

Have you had any gynecological surgery? If yes, provide details below:

Date	Type of Surgery & Outcome

Male Fertility Testing

Has a Semen Analysis (SA) been done? If so, date of last SA:

Sperm Count (#/cc)	
Sperm Motility (movement/activity)	
Sperm Morphology (shape)	
Semen viscosity (thickness)	

Have you had any male reproductive or urologic surgery, including a reversal of vasectomy?
If so, please provide details below:

Date	Type of Surgery & Outcome

Fertility Treatment

Please check the fertility treatments that you have tried:

- ☐ Intrauterine Insemination (IUI)
- ☐ In Vitro Fertilization (IVF)
- ☐ Gamete Intrafallopian Transfer (GIFT)
- ☐ Zygote Intrafallopian Transfer (ZIFT)

Name of Clinic:

Name of Doctor:

Cycles with IUI (please provide dates, outcome, number of eggs produced, quality of uterine lining, problems tolerating fertility drugs, information about cancelled cycles, etc.):

Date	Outcome

Cycles with IVF (please provide dates, outcome, number of eggs produced, egg quality, quality of uterine lining, problems tolerating fertility drugs, information about cancelled cycles, etc.):

Date	Outcome

Cycles with GIFT or ZIFT (please provide dates, outcome, number of eggs produced, egg quality, quality of uterine lining, problems tolerating fertility drugs, information about cancelled cycles, etc.):

Date	Outcome

Other Treatments Tried

Please describe any other treatments you have tried, including alternative treatments:

Please include any additional information or concerns here: