Advanced
Naturopathic
Medical Centre

FERTILITY QUESTIONNAIRE

WOMEN

PLEASE "CHECK" IF APPLICABLE

Do you have an OBGYN?	☐	High FSH	☐
No Ovulation	☐	Short Luteal Phase	☐
Irregular Periods	☐	Fallopian Tube block	☐
Uterine Fibroids	☐	Endometriosis	☐
Thin Endometrium	☐	Adhesions	☐
Ovarian Cysts/ PCOS	☐	Ectopic Pregnancy	☐
Poor Egg Quality	☐	Reproductive Infections	☐
Poor Quantity of follicles	☐	Pelvic Abnormalities	☐
Low Estradiol/Progesterone	☐	Other, please specify below	☐

MEN

PLEASE "CHECK" IF APPLICABLE

Sexual Issues	☐	Varicocele	☐
Abnormal Morphology	☐	Autoimmunity	☐
Minimal/ Premature/ No Ejaculate	☐	Vasectomy	☐
Hormone Issues	☐	Injury to Scrotum/ Testicles	☐
Infection	☐	Abnormal Motility	☐
Low Sperm Volume, Count, Quality	☐		

IVF/IUI

Approximate date of retrieval:
Approximate date of transfer:
Current Medications:
Date Medications Started:
ANY OTHER CONCERNS?