WHOLE FAMILY HEALTH, LLC

FERTILITY QUESTIONNAIRE

Please attach a list of your most recent fertility-related blood work.

How long have you been trying to conceive?_____

Have you received a diagnosis relating to infertility? Yes / No

What was it?_____

Have you taken any medications for gynecological conditions other than contraceptives? Yes / No

Medication	Reason	How long
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Do you ovulate on your own? Yes / No On what day of your cycle? _____

Do you take medication to help you ovulate? Yes / No

When_____ How long _____

Have your fallopian tubes been evaluated medically? Yes / No

What were the results? _____

Have you had any tubal operations? Yes / No

Have you been tested for Celiac disease? Yes/ No

Have you had your Vitamin D level checked? Yes/No

If you have been diagnosed with PCOS have you had a fasting glucose test? Yes / No Results _____

Do you have a single partner with whom you have been trying to conceive? Yes / No

How long have you been married or living together?_____

Has he had a fertility workup? Yes / No

What were the results? _____

Is your partner supportive of your wish to conceive? Yes / N