

Siobhan Kehoe Fertility Treatment: Pre-Visit Form

Complete one form each and submit by email 7 days in advance of your appointment.

FTonlineforms@gmail.com

Date

Full Name	
<i>Please ensure that name used here is used on all appointment bookings to assist us to find your records</i>	

Address	
Home/Work Phone	Mobile
DOB	Age
Occupation	
Email address	
GP Name/Address	
Reason for appointment	
Relevant Medical/Surgical history	

Investigations Done Please give date and result.

1.		
2.		
3.		
4.		

Previous Treatment (e.g., IVF, IUI, fertility medication) Please give date and details.

1.		
2.		
3.		
4.		

Current Medications/Supplements

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Woman Menstrual History Please give details regarding length of cycle, consistency of blood, PMT, if there's any egg white discharge, etc.

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Pregnancy History: Please give details regarding previous pregnancies: when, if you conceived easily, if there were complications, outcome of the pregnancy.

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Men's Semen History

Please give details regarding any **changes** you have noticed since starting your treatment plan.

Fluid consistency/Viscosity/Colour/Odour	
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General

Please fill in as much information as you can here as this will greatly assist us when herbs are being prescribed. We are especially interested in any problems in the following areas:

ENT (Ear, Nose, Throat)	Chest/Respiration
Headache	Appetite
Digestion	Thirst
Bowels	Sweating
Urination	Energy
Sleep	Hot/Cold
Pain	Stress
Diet	Alcohol
Exercise	Smoking
Other relevant information	

Please have copies of results of any investigations done (e.g. semen analysis, fertility blood test results etc.) to hand in case Siobhan has any questions. There is no requirement to have any investigations done prior to your first appointment.