

Siobhán Kehoe Fertility Treatment Centre: Pre-Visit Form

Full Name

Please ensure name here is used on all bookings to assist us find your records

Address

Home/Work Phone

Mobile

DOB/Age

Occupation

Email address

GP Name/Address

Reason for appointment

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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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 Information	

Please bring copies of results of any investigations done (eg, semen analysis report, fertility blood test results, etc). There is no need to get investigations done prior to your first appointment.