|  |  |
| --- | --- |
| Full Name |  |
| *Please ensure that name used here is used on all appointment bookings to assist us to find your records* | |

|  |  |
| --- | --- |
| Address | |
| Home/Work Phone | Mobile |
| DOB/Age | Eircode |
| 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**

|  |
| --- |
|  |

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

|  |
| --- |
|  |

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

|  |
| --- |
|  |

**­ Men’s Semen History**

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

|  |  |
| --- | --- |
| Fluid consistency/Viscosity/Colour/Odour |  |

**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.