

Fertility History

Patient Name: _____

Withrow Institute Patient Since: _____

1) Clomid experience: _____

2) IUI (number of times and results): _____

3) Dates of previous IVF cycles: _____

Protocol: _____

Lining: _____

Number of Follicles: _____

Number of Mature Eggs: _____

Number of Fertilized Eggs: _____

4) Sperm Details: _____

5) RE's Name: _____

6) Nurse's Name: _____

7) What is the opinion of the Fertility Clinic? _____

