

Appendix 2

INFERTILITY CLINIC
SALISBURY DISTRICT HOSPITAL

DATE:

HOSPITAL NO:

SURNAME:

Height

FIRST NAMES:

Weight

BMI

Date of Birth:

Age:

Occupation:

MARITAL STATUS

Duration:

DURATION OF INFERTILITY

Primary

Secondary

OBSTETRIC HISTORY

PREVIOUS INVESTIGATIONS AND MEDICAL HISTORY

MENSTRUAL HISTORY

K

LMP

Flow

Dysmenorrhoea

Dyspareunia

IMB

PCB

Breast discharge

Contraception

FREQUENCY OF INTERCOURSE

CERVICAL CYTOLOGY

ANAESTHETIC PROBLEMS

BLOOD TRANSFUSIONS

Social History

Smoking

Alcohol

Drugs

Rubella

STIs/Herpes

Allergies

EXAMINATION:

General condition

Breasts

Abdominal

Pelvic

HUSBAND/PARTNER

SURNAME:

Height

FIRST NAMES

Weight

BMI

Date of Birth:

Age

Occupation

Previous relationships Yes/No

1. Fertile

2. Infertile

PAST MEDICAL /SURGICAL HISTORY

1. Mumps

2. Orchitis

3. STD/Herpes

4. Impotence

5. Other coital difficulties

PERSONAL HISTORY

Smoking

Alcohol

Drugs

Hepatitis

Allergies

EXAMINATION

General Condition

1. Undescended Testicle

2. Small Testicle

3. Hypospadias

4. Varicocele

5. Bilateral Hernia

6. Other

SEMEN ANALYSIS

Date

Volume

Count

Motility

Morphology (%normal)

MAR test

Cells:

FEMALE INVESTIGATIONS

Rubella

Chlamydia antibodies or endocervical swab

Luteal

Progesterone

Follicular

LH

FSH

E2

Prolactin

Testosterone
(sample should be taken between 09.00 and 11.00)

Other

Further Investigations

Hysterosalpingogram

Laparoscopy and dye

Hysteroscopy

Pelvic ultrasound

Other

MALE INVESTIGATIONS

Semen Assessment

FSH

LH

Testosterone

Karyotype

Other

OTHER RELEVANT HISTORY/ASSISTED CONCEPTION ATTEMPTS ETC.

DIAGNOSIS / PROVISIONAL CAUSE OF INFERTILITY

OPTIONS

PLAN OF MANAGEMENT

NEXT APPOINTMENT

SIGNATURE:

NAME PRINTED: