



# annapurna naturopathic

## Women's Health and Natural Medicine

822 Richmond St. W, Suite 200, Toronto, ON, Phone: 416.877.0474

### REGISTRATION FORM FOR FERTILITY CARE PROGRAM

Today's Date: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_ Date of birth: \_\_\_\_\_ Gender: M F

Address: \_\_\_\_\_ City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Home phone: \_\_\_\_\_ Work or Other phone: \_\_\_\_\_

Profession: \_\_\_\_\_ Employer: \_\_\_\_\_ Full or part-time? (circle)

E-mail address: \_\_\_\_\_

Circle one: • Married • Single • Widowed • Divorced • Separated • Common-law • Same sex

How did you hear about this clinic? \_\_\_\_\_

### FERTILITY BACKGROUND

How long have you been trying to conceive?

\_\_\_\_\_

Do you have any other fertility specialists?

1. \_\_\_\_\_

2. \_\_\_\_\_

Have you received a diagnosis regarding your fertility (ex. luteal phase defect, high FSH, unexplained infertility)?

\_\_\_\_\_

\_\_\_\_\_

Have you had lab testing or cycle monitoring related to your fertility (blood tests, ultrasounds, sonohystogram, cycle monitoring)?

\_\_\_\_\_

Has your male partner received any testing regarding fertility? If yes, what were the results?

\_\_\_\_\_

Have you ever used fertility drugs (including clomid) - which ones?

\_\_\_\_\_

\_\_\_\_\_



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Have you ever done IVF? IUI? ICSI? Please describe.

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Do you have any children? If yes, what are their ages?

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Have you had any miscarriages? How many and when.

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Please describe what you have already tried related to your fertility:

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Do you have any additional health complaints? (Energy, thyroid, digestion, mood, sleep, skin, autoimmune disorders, frequent illness, anxiety, etc...)

1. 

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2. 

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3. 

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4. 

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Is there anything else you would like us to know prior to your initial consultation?

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***Thank you for filling out this form. Prior to your initial 1/2 hour fertility care consultation, please either mail, email or fax this form to the Annapurna Naturopathic clinic:***

Dr. Shawna Darou, ND, Annapurna Naturopathic

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