

COUPLE INFORMATION

Date



Wife

Age



Husband

Age

Overview

Marriage: Year

TTC Since: Year

Primary

Secondary

Smoke Yes No

Alcohol Yes No

Menstrual History

Cycle Length

Regular

Irregular

Menstrual Flow Normal

Abnormal

Dysmenorrhoea Present

Absent

Gynaecological / Medical History

Family History

Thalassemia

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Medication / Supplement

Folic Acid

Vitamin D

CoQ10

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Ultrasound Findings:

AMH:

Sperm Analysis:

Treatment Received:

Reason for Referral:

Doctor

Clinic

