Today's date____/___/____/

FERTILITY ASSESSMENT		SRM	
PATIENT: (Legal) Last name:(Legal) Firs	t namo:	Middle initial	
	t name		
Age : Date of Birth: / /			
Marital Status: single married divorced	domestic partner	Length of Rel	ationship: years
MAILING ADDRESS:			
Street:	City:		
State/Providence: Zip/Postal Code:	Cc	ountry:	
Home Phone Number: ()		message? □ No	Best # to reach you:
Work Phone Number: ()	🛛 Yes	🗆 No	
Cell Phone Number: ()	🗆 Yes	🗆 No	
Email Address:			
How did you hear about SRM?			
Family/Friend			
□ Internet			
🗆 Radio			
Medical office/physician referral			
Other			

A fertility assessment is also used to help determine if elective egg freezing is an option for you. Are you interested in freezing your eggs? _____ Yes _____ No

	rmination (abo		
Pregnancy #	Preg. Ended (mo./yr.)	Preg. Length (weeks, months)	Outcome
ALLERGIES	<u>.</u>		
Latex?	YesNo		If yes, specify reaction:
Medications?	cations?YesNo		Which meds, specify reaction:

PREGNANCY HISTORY: List all pregnancies, specifying under outcome whether live born, stillborn, ectopic, miscarriage

PRECONCEPTION GENETIC AND IMMUNITY TESTING

The American College of Obstetricians and Gynecologists (ACOG) and the American College of Medical Genetics (ACMG) recommends testing for certain genetic diseases based on ethnicity, family history, or other known risk factors and testing for certain contagious diseases that can be harmful to a fetus, prior to pregnancy.

Genetic Disorders

Genes typically come in pairs, with one copy from each reproductive partner. Genetic screening can identify individuals who carry mutations on one or more of their genes. The "carriers" are typically healthy, have no symptoms of a genetic disease, and often do not have any associated family history. When reproductive partners carry a mutation within the same recessive gene, there is a 1 in 4 or 25% chance that each offspring will develop the correlating genetic disorder. However, if one partner's screening is negative, the risk of having an affected child is greatly reduced. SRM recommends and encourages genetic screening for one or both reproductive partners prior to attempting pregnancy.

Contagious Infectious Diseases

Infections such as Chickenpox (Varicella) and German Measles (Rubella) can have serious consequences if acquired during pregnancy. Screening is recommended to confirm your immunity status, even if you have previously had the disease, or previously had a Rubella or Varicella vaccination. Adequate immunity may have worn off, or not been achieved, in which case, the diseases can be prevented with targeted immunizations administered prior to pregnancy.

Influenza (seasonal flu) is a potentially serious disease and is more likely to cause severe illness in pregnant individuals. Vaccinations can be given anytime, including in pregnancy. It is recommended that people who are pregnant, or attempting pregnancy, get vaccinated annually against the flu.

Fertility Assessment

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Covid-19 continues to be a transmittable virus in our region. We ask that all patients of SRM pay close attention to our screening criteria and avoid coming to the clinic if experiencing any symptoms. If symptomatic, or if you (or someone you have been exposed to), tests positive for Covid-19, we encourage you to contact your primary care provider for guidance and alert your SRM care team. Please take all precautions including frequent handwashing, social-distancing, and wearing masks in public and when with anyone outside your household to avoid exposure and the transmission of this virus.

According to ASRM, patients undergoing fertility treatment and pregnant patients should be encouraged to receive vaccination based on eligibility criteria. Since the vaccine is not a live virus, there is no reason to delay pregnancy attempts because of vaccine administration or to defer treatment until the second dose has been administered.

Zika Virus

Information about the Zika virus, and the associated pregnancy risks, are updated continuously. We follow the Center for Disease Control (CDC) and the American Society for Reproductive Medicine (ASRM) recommendations for Zika precautions.

The recommendation is to avoid traveling to areas with active Zika virus transmission when trying to conceive and during pregnancy. Individuals who have traveled, or plan to travel, to an area with a Zika virus travel notice should wait the recommended timeframe before attempting pregnancy. This timeframe is different for men and women because the Zika virus can stay in semen longer than other bodily fluids. Please visit the CDC website to review areas of active Zika virus transmission, and to review the identified methods for preventing exposure if you must travel to an area of risk. https://www.cdc.gov/zika/pregnancy/women-and-their-partners.html

ACKNOWLEDGEMENT

I acknowledge that a Fertility Assessment is a test for ovarian reserve / egg supply ONLY and does not evaluate for any other potential cause of infertility including problems with ovulation, the uterus, fallopian tubes, sperm quality, etc. that would be discussed at a new patient visit.

I understand preconception genetic and immunity testing is recommended prior to attempting pregnancy.

Patient Signature

Date

Print Name