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ASTRA FERTILITY CLINIC

Prepare for first visit to Astra

Welcome and thank you for trusting us with your fertility care, it is indeed our privilege!

We believe that most individuals are naturally born capable of reproducing! In other words we all have the tools and biological software to reproduce. Our goal is to identify the specific cause or gap causing sub-fertility and offer you the safest most effective directed correction to bridge that gap. The art of fertility management is to restore your natural fertility rather than completely replacing it. Same analogy when a good obstetrician will correct the problem you are facing during pregnancy and labour allowing you to have a normal vaginal delivery rather than doing an elective planned caesarean delivery. A good obstetrician generally speaking does more safe vaginal deliveries and less caesarean section for his patients. Same applies to a good fertility specialist! He or she will assist their patients to conceive without resorting to IVF or IUI unless it is truly necessary.

The most important step in your care and management is to accurately and clearly identify the causes of your difficulty conceiving. Without a diagnosis any fertility treatment option can be implemented without being able to judge it as appropriate or inappropriate. In other words anything goes!!!

The diagnostic work up starts with accurate detailed history and information gathering. Please take the time to fill our history form accurately. It is also important to get any info related to previous imaging, testing, treatments or surgeries.

Definitely both partners are encouraged to attend for the first consult. Please arrive 10-15 min before your scheduled appointment. Likely you would have been already contacted by our receptionist who would have already reminded you of bringing your health cards and sign an information release form to obtain needed information from previous health care providers.

Directions to the clinic are readily available on our website.

If you are not able to attend your appointment please inform us at least 24 hours before so we can utilize the allotted time for your appointment for another patient .Most of fertility investigations and treatments are OHIP covered with the exception of certain laboratory procedures which do not have OHIP billing codes. To be specific, sperm wash and IVF procedures are not covered since they are mainly lab procedures. There are also fees for certain devices used for specific procedures like Essure device to block diseased irreversibly damaged tubes before doing IVF.

To continue providing quality services to our fertility patients we will charge annual block fees to cover much needed services that OHIP would not compensate for. The Block fees include orientation, continuous ongoing support and teaching information and materials. It also includes letters to employers or insurance companies, calling in prescriptions, e-mail advice and Phone service for after hours urgent medical need and timely meeting with your doctor should urgent need arise especially during your early pregnancy. Please see Price lists for details since you may want to pay for those services as a block or individually.

Once again, we welcome you to Astra Fertility Group and wish you a pleasant peaceful land fruitful experience!

Infertility History Form

CONTACT INFORMATION

FEMALE:

First Name _____Middle Initial _____Last Name_____

Date of birth (MM/DD/YY) _____/_____/_____ Occupation _____

Health card number _____Version_____ Your age ☐

Home street address _____

City _____ State/Province_____Zip/Postal code _____

Indicate which number is best to call or leave messages:

□ home ( ) _____ □ cell ( ) _____

□ work ( ) _____ □ email _____

Are you married or have a partner? □ Yes (please complete partner section below) □ No
□ Divorced □ Other _____

SPOUSE/PARTNER:

First Name _____Middle Initial _____Last Name_____

Date of birth (MM/DD/YY) _____/_____/_____ Occupation _____

Health card number _____Version_____ Your age ☐

Home street address _____

City _____ State/Province_____Zip/Postal code _____

Indicate which number is best to call or leave messages:

□ home ( ) _____ □ cell ( ) _____

□ work ( ) _____ □ email _____

GENERAL INFORMATION:

Referring Doctor Name: _____ Phone number: _____

Reason for referral: _____

Do you have a drug plan that covers fertility medications: □ YES □ NO □ NOT SURE

GENERAL HISTORY:

How long have you been having regular unprotected intercourse? _____

How long have you been trying to actively get pregnant? _____

How long have you been trying to get pregnant with a Doctor's help? _____

Was the Doctor a: □ General Gynecologist □ Reproductive Endocrinology & Infertility Specialist

Approximately how many times a week do you have intercourse on average? _____

Does either you or your partner smoke? _____ How much (cig/day)? _____

Does either you or your partner drink alcohol? _____How much? _____

FEMALE HISTORY:

Height _____ Weight _____ Blood group _____

Skin color _____ Ethnic background _____

Do you have allergies? _____ If so, please list below and include allergies to medications if applicable:

_____

Menstrual periods occur every _____days. Are they regular? □ YES □ NO Duration of bleeding _____(days)

Amount of bleeding _____Are your periods painful? □ YES □ NO Age when started ____

Do you have endometriosis? □ YES □ NO Do you have any medical problems? □ YES □ NO If yes, explain:

_____

Do you take prescribed medications? □ YES □ NO If so please list names and dose below:

_____

Have you ever been diagnosed with pelvic inflammatory disease (PID)? □ YES □ NO

Have you had pelvic or abdominal surgeries and if so what were the findings? □ YES □ NO

_____

Number of pregnancies with current partner: _____with previous partner (if applicable): _____

Number of miscarriages: _____abortions: _____tubal pregnancies: _____which tube? _____

Number of live births: _____ Vaginal birth:_____ Cesarean sections: _____

TREATMENT HISTORY

Have you had any of the following?

TEST/PROCEDURE	**YES or NO**	**RESULT**
Hysterosalpingogram OR sonohysteroscopy		
Laparoscopy		
Hysteroscopy		

Previos ART treatment	YES or NO	How many cycles?	Any success?
Clomiphene stimulation with intercourse			
Clomiphene stimulation with insemination			
Injectable FSHstimulation (Puregon/GonalF etc.) with intercourse			
Injectable FSHstimulation (Puregon/GonalF etc.) with insemination			
Insemination without any stimulation			
In vitro fertilization (IVF)			
In vitro fertilization with ICSI (IVF+ICSI)			

OTHER

What other information should we know about your case? _____

Any pertinent test results, procedures or problems identified? _____

Is there a family history of infertility? □ YES □ NO _____

Give details of IVF results, if applicable:

Stimulation protocol: _____ Number of follicles: _____

Number of eggs retrieved: _____ Number of embryos transferred: _____

Number of embryos frozen: _____ Outcome: _____

MALE HISTORY (if applicable):

Height _____ Weight _____ Blood group _____

Skin color _____ Ethnic background _____

Do you have allergies? _____ If so, please list below and include allergies to medications if applicable:

_____

Have you been previously married? □ YES □ NO Number of pregnancies with previous partner: _____

Do you have problems with erection or ejaculation? □ YES □ NO _____

Do you take prescribed medications? □ YES □ NO If so, please list names and dose below:

_____

Do you have any medical problems? □ YES □ NO If so, please explain:

_____

Have you had hormonal blood testing done? □ YES □ NO

Have you had previous surgeries? □ YES □ NO If so, please list:

_____

Is there a family history of infertility? □ YES □ NO _____

Have you had a semen analysis done: □ YES □ NO Date of test: _____

Result of test: _____ Where was test done: _____

Have you ever been diagnosed with azoospermia (no sperms)? □ YES □ NO

Have you ever had a testicular biopsy? □ YES □ NO When was it done: _____

Where was it done: _____ Result: _____

QUESTIONS:

Are there any specific questions you would like to address with the Doctor?

_____

_____

_____

_____

_____