

Preparing to see a fertility specialist

Take another step forward

It requires great skill to identify the source of fertility problems and recommend appropriate treatment. A specialised fertility clinic will be able to offer a complete diagnosis and advanced treatment options – beyond your doctor's care. Feel confident you're doing everything you can to achieve your pregnancy goal.

It's important that you and your partner discuss your desire to have a family before you embark on this next stage. Conception difficulties occur both in men and women and treatment involves the participation of both partners. The investigation will be incomplete without his presence.

During the consultation, you'll be asked a series of questions to help your doctor establish factors that may influence your fertility. Be prepared to provide information about prior fertility tests and treatments. This tool will help you understand what to expect and help you prepare your answers.

Make sure to take along the results of tests, procedures or treatments that you and your partner may have had as a part of your fertility investigation or previous treatment. Before going to see your fertility specialist, complete the missing information and print out a summary to take to your appointment.

Questions about the female partner

About your periods

At what age did you begin to menstruate? _____

Are your periods irregular or absent when you're off the contraceptive pill?

Please give the dates of your last four periods, including the start and stop dates.

How would you describe your pattern of bleeding and any other symptoms you may experience during your period? (E.g. heavy or light bleeding, pain, headaches, mood changes, etc.)

About your efforts to conceive

What method of birth control have you used?

When did you stop using any birth control?

Is there any reason that prevents you and your partner from having regular intercourse? (E.g. work commitments involving extensive travel; shift work)

How long have you been trying to get pregnant?

Have you been pregnant in the past?

Yes

No

If yes: How long did it take you to get pregnant? _____

Have you had miscarriages?

Yes

No

If yes:

How many miscarriages have you had? _____

How many weeks into the pregnancy did the miscarriage occur? _____

How were your miscarriages resolved? _____

About your medical history

Do you have a history of sexually transmitted disease?

Yes

No

If yes: Please provide additional information (diagnosis, age, how it was treated)

Do you have a history of pelvic or genital infection?

Yes

No

If yes: Please provide additional information (diagnosis, age, how it was resolved)

Have you had abdominal or pelvic surgery?

Yes

No

If yes: Please provide additional information (diagnosis, age, how it was resolved)

Have you been diagnosed with endometriosis?

Yes

No

If yes:

How was the diagnosis made? _____

Have you had surgery? _____

Do you take any medication? _____

Have you been diagnosed with a chronic medical condition? (E.g. diabetes, high blood pressure, etc.)

Yes

No

If yes: Please provide further details of the treatment you're receiving.

Have you had chemotherapy or radiation therapy? Yes No

If yes: Please provide details (your age when you were treated, length of treatment, reason for treatment)

Do you have a history of endocrinological disorders? (Thyroid disorders, prolactin disorders, etc)

Yes No

If yes: Please provide details and treatments you are taking or have received.

About your lifestyle

Do you smoke regularly? Yes No

If yes: Please specify when you began smoking and how many cigarettes per day you smoke.

Do you drink alcohol regularly? Yes No

If yes: Please specify how many units of alcohol you take per day.

Do you drink coffee regularly?

Are your current stress levels beyond your ability to cope?

Do you use illegal or recreational drugs? Yes No

If yes: Please specify which drugs you use and how often.

Are you exposed to any toxic or chemical substances in the course of your daily life or work?

Yes No

If yes: Please specify which substances you are exposed to and how often.

Questions to the male partner

About your medical history

Do you have a history of sexually transmitted disease? Yes No

If yes: Please provide additional information (diagnosis, age, how it was treated)

Do you have a history of genital infection? Yes No

If yes: Please provide additional information (diagnosis, age, how it was treated)

Have you had testicular surgery? Yes No

If yes: Please provide additional information (diagnosis, age, how it was treated)

Have you been treated for undescended testicles in your childhood? Yes No

If yes: Please provide additional information (diagnosis, age, how it was treated)

Have you been diagnosed with a chronic medical condition? (E.g. diabetes, high blood pressure, etc.)

Yes No

If yes: Please provide further details of the treatment you're receiving.

Have you had chemotherapy or radiation therapy? Yes No

If yes: Please provide details (your age when you were treated, length of treatment, reason for treatment)

Did you contract mumps after puberty? _____

About your lifestyle

Have you been taking anabolic steroids that have not been prescribed by a doctor?

Yes No

If yes: Please specify the kinds of steroids you have been taking and when.

Are you exposed to any toxic or chemical substances in the course of your daily life or work?

Yes No

If yes: Please specify which substances you are exposed to and how often.

About your efforts to conceive

Is there any reason that prevents you and your partner from having regular intercourse?
(E.g. work commitments involve extensive travel; shift work)

Have you had children with another partner in the past?

Questions for you to answer as a couple

About prior fertility investigations and treatment

Have you or your partner received any fertility treatments to date?

Please provide details and records if available.
