



## PCOS Online Fertility Form

Mid Phase or Final Phase (please circle)

Date Paid & Submitted: \_\_\_\_\_

### Full Names

Female: \_\_\_\_\_ DOB: \_\_\_\_\_

Male: \_\_\_\_\_ DOB: \_\_\_\_\_

### Female

Current Day of Cycle (day 1 is the first day of good bleed – not spotting): \_\_\_\_\_

### Menstruation

Length of last cycle (from last day 1 to current day 1): \_\_\_\_\_

Length of bleed so far (i.e. 5+ if not finished yet): \_\_\_\_\_

Menstrual pain (if so what day/s, how much, what pain relief used): \_\_\_\_\_

Menstrual discharge (what days were light/heavy etc.): \_\_\_\_\_

Was there any Clotting: \_\_\_\_\_

Colour of bleed/when etc: \_\_\_\_\_

Was there any spotting to start/when etc: \_\_\_\_\_

Other things noted before or during bleed: \_\_\_\_\_

Any PMS/Emotions/cravings/sore breasts/bloating etc. before your period if so when/how long etc: \_\_\_\_\_

### Ovulation (please scan mucus or temperature charts and attach)

Did you notice ovulation this cycle? If so when: \_\_\_\_\_

Any ovulation pain or niggles? \_\_\_\_\_

Did you use OPK/LH strips/ Maybe baby etc. if so what day/s was it positive: \_\_\_\_\_

Did you notice any fertile mucus? If so what day/s etc.: \_\_\_\_\_

### Sex

Were you sexually active this cycle? \_\_\_\_\_ Was libido good/mod/poor: \_\_\_\_\_

Did you use any commercial lubricants? \_\_\_\_\_ Was it a sperm friendly type? \_\_\_\_\_

### Other

Any Thrush infections this cycle: \_\_\_\_\_ or Urinary tract infections: \_\_\_\_\_

**Male**

Any concerns with performance or libido? \_\_\_\_\_

Any other questions? \_\_\_\_\_

**Both**

**Mental/Emotional health**

How have you been coping this cycle/how are your stress levels etc: \_\_\_\_\_

**Diet/lifestyle/toxin exposure etc.**

How are your diet and lifestyle improvements going? \_\_\_\_\_

**Other comments, questions or concerns:**

Any ill health in since last review? \_\_\_\_\_

Any changed or new medications? \_\_\_\_\_

List name of medication, dosage and reason for taking it and how long for?

Male: \_\_\_\_\_

Female: \_\_\_\_\_

Fertility Specialist appointments or treatments proposed in next couple of months?

**Please email in any new test results etc.**

Remember your treatment is based on full disclosure of medications, reproductive & general health, diet & lifestyle and other factors, so the more information you can provide the better chance I have of putting together an effective treatment protocol for you.