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Date		First Name		Last Name		Middle Initial	
Date of Birth	Age	Body Type	Height	Weight	Complexion	Occupation	
LMP:				Cycle Duration:			
RE & I Clinic/Fertility Specialist: RMFC		CCRM		FCC		CONCEPTIONS	
Other OBGYN Doctor:				Start Date:			
Western Diagnosis:							
CHIEF COMPLAINT							
GYN HISTORY (for the doctor to fill out)							
Menarche		Menstrual Interval		Flow		Dysmenorrhea	
Dyspareunia		Coital Lubricants		Douches		Coital Frequency	
Contraception		PID		CIN		Herpes	
						DES	
PAST MEDICAL HISTORY (for the doctor to fill out)							
GYN HISTORY (for the doctor to fill out)							
SURGERY/HOSPITALIZATIONS(for the patient to fill out)							

REVIEW OF SYSTEMS (for the doctor to fill out)

HEENT	Skin	Resp	Cardio
GI	Urinary	Endo	Neuro
Allergies	Smoking	Drugs	Alcohol

Medications:

Alternative Medicine/Treatments:

FAMILY HISTORY (for the doctor to fill out)

CA Ovary	CA Breast	
CA Colon	MR	CF
Birth Defects:	Ethnic Heritage:	

FERTILITY TREATMENTS(INCLUDING CANCELLED CYCLES (for the doctor to fill out)

Date	Natural, IUI, IVF, Other	Medication Used	# Of Mature Eggs/ Follicles	Pregnancy Yes/No	If Miscarried, indicate week	Comments and locations

PATIENT DIAGNOSTICS/DATE (for the doctor to fill out)

Elevated FSH	Uterine Fibroids/ Polyps	Endometriosis/ Adhesions	PCOS	POF	Low Progesterone Level	PID	STD's	Herpes

IF THE PATIENT HAS PCOS, ART THEY TAKING (for the doctor to fill out)

Glucophage	Fortamet	How long?	Taking extra B-Complex?

FEMALE HEALTH (for the doctor to fill out)

PID	Chlamydia	STD's	Herpes	Antisperm Antibodies	Others

PROCEDURES PERFORMED CONT./DATES						
Laparoscopy		HSG-Hysterosalpingogram			Others	
LAB RESULTS/DATES (for the doctor)						
FSH Level- Day 3	HCG	Prolactin	TSH	T3	T4	Free T4
Other:						
Lab Results on File?		YES	NO			
SUPPLEMENTS AND/OR VITAMINS? (for the patient to fill out)						
Date	Prenatal	Fish Oil	Myo-Inositol	Co-Q 10	Folic Acid	
Others:						
PLANNED ART/DATE(for the doctor to fill out)						
IUI w/Injectables	IUI w/Oral Meds	Clomid	IVF	PGD	Other	
FERTILITY HISTORY/DATES(for the patient out fill out)						
Pregnancies	Children	Miscarriages	Abortions	Ectopics	D&C	Abnormal Pap Smear
Other:						
OTHER(for the patent to fill out)						
OCP			How long			
How long has patient TTC?						
Natural Ovulation			Cervical Mucus			
Which day of patients cycle						
Typically, how many days are there from one period to the next?						
Today is which day of patient's cycle?						
Current month treatment plan (Natural, IUI, IVF, Any tests, ETC.)						
For the patient to fill out						

PMS						
	10 DAYS BEFORE	1 WEEK BEFORE	2-3 DAYS BEFORE			
BREAST TENDERNESS						
DEPRESSION						
FATIGUE						
LOW BACK PAIN						
FACE BREAK OUT						
OTHER						
MENSTRUAL HISTORY						
	DAY 1	DAY 2	DAY 3	DAY 4	DAY 5	DAY 6-7
BACK PAIN						
CRAMPS (Light, Med, Severe)						
COLOR						
HOW HEAVY IS FLOW?						
IS THERE CLOTTING?						
IS THERE SPOTTING?						
Are we currently treating your partner?						
Partners name:						
Western Diagnosis of the partner:						
Do we have copies of labs/sperm analysis?						
RESULTS FOR SPERM ANALYSIS: (for the doctor to fill out)						
Date	Count	Morphology	Motility	Volume		
MALE REPRODUCTIVE HISTORY/DATE(for the doctor to fill out)						
Varicocele	Vasectomy	Vasectomy Reversal	SCSA/DNA	Antisperm Antibodies		
Others:						

Medical Fertility History: for the patient to fill out.

What age your menses began?

Are your periods painful?

How many days do you normally bleed?

How heavy is the bleeding?

What color is the blood?

Is there clotting?

Do you have Pre-menstrual tension?

Do your breast become tender?

Are your menstrual cycles spaced regularly?

Have you been pregnant before?

Date of your last menstrual period?

Have you been pregnant before?

Do you have children?

Have you had an abortion?

Have you had a D&C and when?

Have you had an abnormal pap smear?

Have you had miscarriages before?

Have you ever had an abnormal pap smear?

Do you get vaginal thrush?

Have you ever had chlamydia?

Have you ever had PID?

Were you treated for PID?

Date of last smear test?

Have you ever been diagnosed with fibroids or polyps?

Have you ever been diagnosed with endometriosis?

Have you ever been diagnosed with pelvic adhesions?

Have your cycles changed since it began?

Do you notice CM, cervical mucus during ovulation?

Do you ovulate, what day of your cycle?

Do you bowel movements become loose at the beginning of your period?

Have you had any fallopian tubal operations?

Have you had an HSG test to determine if your tubes are open?

How long have you been trying to conceive?

Have you taken the birth control pill, and for how long?

Have you been menstruating regularly since you got off the pill?

Have you had a diagnosis of infertility?

Do you exercise regularly, what do you do, how long, and how many times a week?

Please list any medications you are presently taking now?

Do you have any other questions concerning your general and or reproductive health?