



**Patient information**

**\*\* Appointment Date:\_\_\_\_\_ Wt.\_\_\_\_\_ Ht. \_\_\_\_\_ BMI: \_\_\_\_\_ \*\***

Patient:\_\_\_\_\_ DOB:\_\_\_\_\_ Age:\_\_\_\_\_ Partner:\_\_\_\_\_ DOB:\_\_\_\_\_ Age:\_\_\_\_\_
Consult Date:\_\_\_\_\_ Address:\_\_\_\_\_
City: \_\_\_\_\_ State:\_\_\_\_\_ Zip:\_\_\_\_\_ Phone:\_\_\_\_\_
Email:\_\_\_\_\_
Pharmacy:\_\_\_\_\_ Pharmacy address:\_\_\_\_\_

- 1. How many times have you been pregnant(including miscarriages/abortions)?\_\_\_\_\_
2. What year did you have your last child? Patient:\_\_\_\_\_ Partner: \_\_\_\_\_
3. What is your weight and height?\_\_\_\_\_
4. Are your cycles regular?\_\_\_\_\_
5. Medical problems/conditions: Patient:\_\_\_\_\_ Partner:\_\_\_\_\_
6. Surgical history:\_\_\_\_\_
7. Current medications: Patient:\_\_\_\_\_ Partner:\_\_\_\_\_
8. Are you allergic to anything:\_\_\_\_\_
9. Do you smoke? Patient:\_\_\_\_\_ Partner:\_\_\_\_\_
10. How did you hear about us?\_\_\_\_\_

**For nurse/staff to fill out**

- G\_\_\_ P\_\_\_ LC\_\_\_ AB\_\_\_ Regular Cycle: Y N Allergies:\_\_\_\_\_
• Weight:\_\_\_\_\_ Height:\_\_\_\_\_ BMI: < 35 \_\_\_\_, 35-39.99\_\_\_\_, 40-44.99\_\_\_\_, 45-49.99\_\_\_\_, >50\_\_\_\_
• Smoker: Patient\_\_\_, Partner \_\_\_
• Medical: Patient: PCOS\_\_\_, DM\_\_\_, HTN\_\_\_, Anemia\_\_\_, Hepatic\_\_\_, Renal\_\_\_, Endocrine\_\_\_,
Asthma\_\_\_, Pulmonary\_\_\_, Bleeding disorder\_\_\_, HIV\_\_\_, Other:\_\_\_\_\_
• Medication(s): Patient:\_\_\_\_\_ Partner:\_\_\_\_\_
• Surgical history: TL\_\_\_, CD x\_\_\_, Endometrial ablation\_\_\_, Abdominoplasty\_\_\_,
Other:\_\_\_\_\_
• Type of tubal: Unknown\_\_\_, Filshie\_\_\_, Hulka\_\_\_, Pom/Park\_\_\_, Cautery\_\_\_, Fimbriectomy\_\_\_, Falope
Essure\_\_\_
• Lengths: 0-1\_\_\_, 1-2\_\_\_, 2-3\_\_\_, 3-4\_\_\_, >4\_\_\_ Unknown
• AMH,FSH, E2:\_\_\_\_\_ SA:\_\_\_\_\_
Pt aware: TL\_\_\_, Risk w/UNK TL\_\_\_, Risk of shorter tubes\_\_\_, NFP \_\_\_\_, Tubal reimplantation\_\_\_, MTR
incision below abdominoplasty incision \_\_\_
Aware BMI protocol:\_\_\_Hormone/SA orders emailed: \_\_\_ Agreement emailed: \_\_\_

**For Dr. Morice to fill out**

- \_\_\_ Good candidate: if labs WNL, SA WNL
• \_\_\_ CD x \_\_\_
• \_\_\_ Watch BMI
• \_\_\_ Quit tobacco: Patient Partner
• \_\_\_ Extreme caution that wt/ht are measured correctly
• \_\_\_ May have shorter tube(s) cautery ectopic unknown
• \_\_\_ Will/may need NFP ectopic fimbriectomy
• \_\_\_ Only one tube but good candidate
• \_\_\_ Better candidate for IVF
• \_\_\_ Abdominoplasty MTR incision may be lower
• Notes:\_\_\_\_\_