Assisted Conception Service, Glasgow Royal Infirmary	
C-Form-131 Initial Consultation Form	
Document number: C-FORM-131	**Version: 3**

	Patient		**Partner**
Name Date of birth	Label Here	Name Date of birth	
Age		Age	
Parity		Children	
Length of time trying to conceive		How many years living together	
Cycle Length			
Any problems with intercourse		Any problems with intercourse	
LMP			
Smear			
Colp			
MMR Status			
Folic Acid and Vitamin D			
TFT			
Ovulation Status			

Past History

Gynaecological		
Obstetric		
Previous fertility treatment		

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Medical Problems		

Surgical History		

Family History		

Drug History		
Allergies		
Recreational Drugs		

Social History

Occupation		
Smoking or Vaping		
Alcohol		
Sexually Transmitted Infection (STI)		
Criminal Convictions		

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Investigations

Semen Source	Partner / Known Donor / Altruistic Donor (please circle)						SA Results (if applicable)				
							Vol (≥1.5ml)				
							Conc (≥15mill per ml)				
							Motility – A/B/C/D (>32% A+B)				
							% normal Morphology (4%)				
Body Mass Index (BMI)	H		W		BMI		H		W		BMI	
Other Investigations												

Discussed

Nutritional Supplements	Stress Management	Criteria Met	Patient or partner on visa

Plan	
Comments	

Date: _____ Seen By (Signature):_____