

# Fertility Clinic Patient Intake Form

## Personal Information

First Name

Last Name

Date of Birth

Gender

Phone Number

Email Address

Address

## Partner Information

Partner's Name

Partner's Date of Birth

Partner's Phone

Partner's Email

## Medical History

Medical Conditions

Previous Surgeries

Current Medications

Allergies

## Fertility History

How long have you been trying to conceive?

Previous Fertility Treatments (if any)

Previous Pregnancies (including miscarriages, abortions, live births)

Additional Information

## Insurance Information

Insurance Provider

Policy Number

Name of Insurance Holder