

Consultation Summary - 1

Patient Name :
 RG: DOB:
 Gender:



Name: Mrs. _____ Age: _____ LMP: _____ Husband Name: Mr. _____ Age: _____

Purpose of Consultation: Fertility assessment Fertility treatment Recurrent pregnancy loss Fertility preservation Other: _____

Duration of trying for Pregnancy _____ Married: for _____ yrs

Any known cause of infertility:

Primary infertility/ Secondary Infertility Unexplained Ovulatory disorder PCOS Age related others: _____
 Tubal disease Endometriosis Male Factor: AZO/OATS/EDF Premature ovarian failure

Summary of potential causes and possible tests to diagnose Couple's Infertility/ Recurrent Reproductivity failure:

Male		Female	
Genetic / Chromosomal	Karyotype, Y-Deletion, DNAFT, SP-A	Genetic / Chromosomal	Karyotype, Fragile X syndrome
Pituitary problem	FSH, LH, T, E2,T4,TSH,PRL,	Pituitary problem	FSH, LH, T, E2, TSH,T4,17OHP
Testicular problems : Sperm production problems: Testes: Absent, undescended / small / soft	Semen Analysis Andrology exam Testicular volume/Doppler	Ovary: PCO / PCOS, Ovarian cysts/ Endometriotic, premature ovarian insufficiency/Failure. Ovarian resection, AMA	AMH, D2-FSH,LH,E2
Orchites-mumps/injury/surgery <u>Sperm transport problems:</u> Obstruction / absence ducts	Physical exam CF Screening	Unable to release eggs/infrequent release of eggs	D21-P4, OPK, Follicular tracking. Mid cycle Scan
Vitamin / Antioxidant deficiency. Other systemic illness	Vit-D/B12, CBC, HbA1c	Unable to produce endometrium / Poor quality endometrium / Poor uterine blood supply Myometrial Pathology: Adenomyosis, Myomas, Uterine anomalies	Mid-Cycle Scan-GCS Hysteroscopy, UAPI/ 3D-MRI-Pelvis
MAGI :Male Accessory gland infection /inflammation	Semen C/S	Egg cannot reach the tube (Tubal block - Right/Left/Both), Adhesions	HYFOSY/HSG Δ Lap
Prostate, seminal vesicle /ejaculatory duct / Other	Prostate massage Urine C/S	Scarred / Distorted Uterus, Tube, Ovary / Frozen Pelvis	Δ Lap, HyFoSy, HSG
Erectile dysfunction: Psychosexual / neural / endocrine / unexplained	Androgen Profile. HBA1C, Nervous system ex.	Auto-immune profile: Thrombophilia, : systemic illness	TP screening, AA screening
Aperunia / PE / Anejaculation / Retrograde ejaculation	Urine for sperm analysis PRL, T (free& total) FSH,LH,E2, Lipid profile	Others : systemic illness High or Low BMI, Poor Metabolism, Malnutrition, General Poor Health, Stress	PRL, VIT-D, HBA1c, IRT, GTT, Vitamin screening
Decreased libido		RPL:	Luteal Ph Hysteroscopy, ERA, EIP, EB c/s,RIF tests
Couple			
Defects in transportation of Sperm via cervix, uterus, fallopian tubes: Defects in competency of Sperm/Oocyte and or their Interaction/Fertilization			IVF, ICSI,IMSI,PICSI
Defects in Competency of Embryo, Implantation defects due endometrial pathology or intolerance			PBB, PGS, RIF Tests

Consultation Summary - 2

Patient Name :
 RG: DOB:
 Gender:

Discussion: Physiology of conception, Possible cause of infertility. Test suggested – List attached: Yes No

Treatment Option	Details/ Logistics	Expected success versus couple	Expected success per 2-3: 4-6: 7:9 cycles	Recommended number of attempts	Cost per cycle of attempt	Cost Per 60% : 70% : 80% : 90% success	Additional Procedures & Costs	Comments/ Recommendation
Natural methods: TI	OPK, +/- USS	15%/ Vs	60% in 6m: 85% in 12m/ Vs.....	1 year < 35 yr; /6m > 35 yr	Scan charges		Semen. AMH, Mid cycle scan. HyFoSy.D21 P	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Maybe
Ovulation Induction (OI) with TI	CC D2-6 or LTZ D2-6 -USS/OPK	15%/ Vs	60% in 6-9 cycles	6-9 cycles	Scan charges		Semen. AMH, Mid cycle scan. HyFoSy.D21 P	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Maybe
OI with IUI	D2-6: CC or LTZ D9-13 -USS /OPK D13-15 IUI	15%/ Vs	77% in 6-9 cycles	6-9 cycles	Scan Medication & IUI costs		Semen. AMH, Mid cycle scan. HyFoSy.D21 P	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Maybe
IVF/ICSI	CD2-14 injections	Average 50% Vs..... Singleton/Twins	Per 3 cycles	2-3: 4-6 >6 attempts		No HSX, uterine endometrial, immune, thrombophilic/ metabolic dysfunction	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Maybe
IVF/ICSI + PGS	CD2-14 injections Egg collection under sedation ET (D16 – 20)	SET 60% Singleton/ Twins	Per 2 cycles	1-2 attempts			No-HSX, uterine endometrial, immune thrombophilic/ metabolic dysfunction	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Maybe
Laparoscopic/ Hysteroscopic surgery	Time Lines	Nest Steps in Sequence					Septolysis. LOD HSX-exci/clip Endometriosis Sx Myomectomy Polypectomy	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Maybe
Other ABC	Prognostication Profile	Green A B C	AMBER ABC	RED ABC	A. Embryo B. Uterus C. Tolerance		Yoga Acupuncture	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Maybe

Stop Smoking. Stop Alcohol, Weight (Fat) Loss: Target BMI 18-25 KG/m2; underweight & overweight reduce success rates(Male/Female/Both)

A + B: Avoid carbohydrates altogether, **Burn** Calories as specified (increase heart rate 60 % > baseline)

Psychosexual counselling Male / Female / Couple. Nutrients for men x3 months. Cross referral to Other Specialists, Nutritionist, Dietician

Male : **Avoid :** Hot bath / showers , tight under pants / non cotton/ **Use :** Loose under ware / Boxer's shorts. Exclude treat / varicocele.

OI : Ovulation induction (helps growth + release of eggs) **TI :** Timed intercourse alternate day I/C throughout cycle Or according to (LH surge) Ovulation Prediction tests OPK Kits , **Follicles :** Egg bag but not egg (which cannot be seen on scan) ****PGS :** Pre implantation genetic screening chromosomal problems of embryos). **IC –** Intercourse. **IUI –** intra uterine insemination