

MIND / BODY PROGRAM FOR INFERTILITY
PROGRAM INTAKE ASSESSMENT

Name_____Date_____

Date of Birth_____ Age_____

Street
Address_____City_____Zip_____

Partner's
Name_____

Phone Numbers: Home/Eve () _____
Work/Day() _____

E-mail_____

How did you hear about this
program?_____

Referring
Physician_____

OB/GYN or Reproductive Specialist
(if different from above)_____

Marital Status: (check one)
Married _____Single_____Divorced_____

Separated_____ Widowed_____

Living in Committed Relationship_____

If married, how long? ____years

Occupation:_____

Are you currently working? _____Part time _____Full time

Education level: (check highest level achieved)

_____Grade School _____High school
_____ College _____Graduate school

Please rate your overall, general health: (please circle a number)

0 1 2 3 4 5 6 7 8 9 10
unhealthy/ill very healthy

Previous history of:

Anxiety?_____

Depression?_____

Are you pursuing any alternative treatments for your infertility? (These might include acupuncture, Chinese medicine, herbs, chiropractic, energy work, massage, homeopathy). Please describe:

List any prescribed medicines you are taking, including dosage (not related to infertility treatments):

Length of time trying to conceive:_____

Brief history of infertility:_____

List any infertility treatments or procedures you are currently undertaking:

Is your infertility:

Primary? (no previous pregnancies to term)_____

Or secondary? (Previous children, but cannot conceive currently)_____

If secondary infertility, list names and ages of children: _____

Any previous miscarriages? _____ How many? _____

Are you currently in psychotherapy? _____

Are you currently under the care of a psychiatrist? _____

If so, name of psychiatrist: _____

What is your motivation for enrolling in the Mind/Body Program for Infertility:

What goals do you hope to achieve during this program?

1. _____

2. _____

3. _____

Signature _____ Date _____

Please complete and mail to:

Mind/Body Program
238 E. Davis Blvd. Suite 313
Tampa, FL 33606