Fertility Passport

Patient 1

FIGO International Federation of Gynecology and Obstetrics

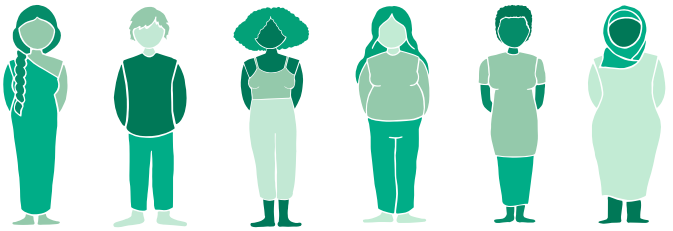
The FIGO Fertility Passport is a tool for patients and their healthcare providers to record and share information about their fertility treatments.

Fertility issues are prevalent among individuals of reproductive age and they often explore various treatment options to address these challenges.

In recent times, cross-border care has gained increasing popularity as a strategy for infertility treatment.

Patient 1

In this section, we will gather information on the woman or person who intends to become pregnant.



Patient 1 details:

Name:

Address:

Phone number:

Occupation:

Gender:

Sex assigned at birth:

Pregnancy history:

Gravida

Parity

Miscarriage

Termination of pregnancy

Live births

Pregnancy with a previous partner?

☐ Yes ☐ No ☐ Doesn't wish to answer

Details of previous pregnancies (if any)

Medical history

Cycle length: _____ days

Last menstrual period: ___/___/____

Cause of subfertility (if known):

Duration of subfertility (if known):

Contraception used in the past:

History of:	Yes	No	Unknown (or doesn't wish to answer)
Menstrual regularity	☐	☐	☐
Dysmenorrhea	☐	☐	☐
Dyspareunia	☐	☐	☐
Menorrhagia	☐	☐	☐
Intermenstrual bleeding	☐	☐	☐
Postcoital bleeding	☐	☐	☐
Hirsutism	☐	☐	☐
Acne	☐	☐	☐

Authors: FIGO Committee on Reproductive Medicine, Endocrinology and Infertility

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Medical history:

Surgical history:

Family history:

Medications:

Allergies:

Prior fertility preservation:

Previous investigations and tests

	Date	Diagnosis
Laparoscopy	___/___/___	
Hysteroscopy	___/___/___	
HSG/ HyCoSy	___/___/___	

Height ____ cm/in

Weight ____ kg/lb

BMI ____

Smoking ☐ Yes ☐ No ____ p/d

Alcohol ☐ Yes ☐ No ____ Units p/w

Recreational drug use ☐ Yes ☐ No ____ Drugs used/frequency

Scan date: ___/___/___

Left ovary: AFC:

Accessible for egg collection: ☐ Yes ☐ No

Endometrium thickness: mm

Additional information:

Right ovary: AFC:

Accessible for egg collection: ☐ Yes ☐ No

Notes (fibroids, cysts):

Pelvic exam date: ___/___/___

Speculum:

Previous smear? ☐ Yes ☐ No

Date of last smear: ___/___/___

Last smear normal? ☐ Yes ☐ No

P.V.

LLETZ/LEEP ☐ Yes ☐ No

Secondary sexual characteristics:

You may use the FIGO Nutrition Checklist to assess the patient's nutritional status.

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Hormone profile

Has hormonal profile testing been undertaken?

☐ Yes ☐ No

Date of hormone profile: ___/___/____

Results:

AMH: _____ TSH: _____

FSH: _____ T4: _____

LH: _____ Prolactin: _____

Testosterone: _____ Luteal phase progesterone: _____

Screening

Have screening tests been undertaken?

☐ Yes ☐ No

Date of screening tests: ___/___/____

Results:

Karyotype: _____

Additional genetic testing: _____

Blood group: ☐ A ☐ B ☐ AB ☐ O ☐ + ☐ -

Fasting glucose: _____

Rubella: ☐ Immune ☐ Not immune

HBsAg ☐ Positive ☐ Negative

HBcAg: ☐ Positive ☐ Negative

HepC: ☐ Positive ☐ Negative

VDRL: ☐ Positive ☐ Negative

HIV: ☐ Positive ☐ Negative

Chlamydia: ☐ Positive ☐ Negative

Gonorrhoea: ☐ Positive ☐ Negative

Treated for any STIs? ☐ Yes ☐ No

Details: _____

Controlled ovarian stimulation

Has controlled ovarian stimulation been undertaken? ☐ Yes ☐ No

Clomiphene: ☐ Yes ☐ No No. of cycles: _____

Type: ☐ TSI ☐ IUI ☐ DI Outcome: _____

Letrozole: ☐ Yes ☐ No No. of cycles: _____

Type: ☐ TSI ☐ IUI ☐ DI Outcome: _____

FSH injections: ☐ Yes ☐ No No. of cycles: _____

Type: ☐ TSI ☐ IUI ☐ DI Outcome: _____

Additional information: _____

Does Patient 1 have a partner? ☐ Yes ☐ No

Fertility Passport

Patient 2

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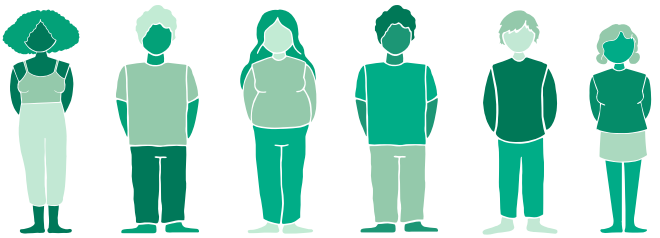
Patient 2

In this section, we will gather information on Patient 1's partner.



Patient 2 details:

Name:

Address:

Phone number:

Occupation:

Gender:

Sex assigned at birth:

Is Patient 2 providing sperm? ☐ Yes ☐ No

Medical history

Pregnancies with previous partner?

☐ Yes ☐ No

Details of previous pregnancies (if any):

Erectile dysfunction?

☐ Yes ☐ No ☐ N/A

Smoking ☐ Yes ☐ No

p/d

Alcohol ☐ Yes ☐ No

Units p/w

Recreational drug use ☐ Yes ☐ No

Drugs used/frequency

Medical history:

Surgical history:

Previous fertility treatment:

Family history:

Medications:

Allergies:

Fertility Passport

Complete this page if relevant

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Previous investigations and tests

	Yes	No	Results
Karyotype	☐	☐	
Y-deletion	☐	☐	
CF status	☐	☐	
Additional genetic testing	☐	☐	

Latest semen analysis:

Date: ___/___/____ Count: _____

Motility: _____ Morphology: _____

Progressive: _____ Volume: _____

Examination:

Penis: _____

Testicles: _____

Other (e.g. ultrasound): _____

			Details:
Testicular surgery	☐ Yes	☐ No	
Testicular biopsy	☐ Yes	☐ No	
Vials frozen	☐ Yes	☐ No	No.

Hormone profile

Has hormonal profile testing been undertaken?

☐ Yes ☐ No

Date of hormone profile:

___/___/____

Results:

FSH: _____ TSH: _____

LH: _____ T4: _____

Testosterone: _____

Screening

Have screening tests been undertaken?

☐ Yes ☐ No

Date of screening tests:

___/___/____

Results:

HBsAg:	☐ Positive	☐ Negative
HBcAg:	☐ Positive	☐ Negative
HepC:	☐ Positive	☐ Negative
VDRL:	☐ Positive	☐ Negative
HIV:	☐ Positive	☐ Negative
Chlamydia:	☐ Positive	☐ Negative
Gonorrhoea:	☐ Positive	☐ Negative

Treated for any STIs? ☐ Yes ☐ No

Details: _____

Additional information: _____

Fertility Passport

IVF history

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Fresh cycle # **Cycle date: / /**

☐ Own eggs ☐ Donor eggs ☐ Patient 2 sperm ☐ Donor sperm

☐ IVF ☐ ICSI PGT: ☐ Yes ☐ No Daily dose FSH:

Adjuvants used ☐ Yes ☐ No Details:

No. eggs collected: No. eggs fertilised:

Fresh transfer ☐ Yes ☐ No No.

Eggs frozen ☐ Yes ☐ No No.

Embryos frozen ☐ Yes ☐ No No.

Outcome from fresh transfer:

☐ Negative ☐ Biochemical pregnancy ☐ Clinical pregnancy

☐ Miscarriage ☐ Live birth ☐ Ectopic pregnancy

Additional information:

Total no. of frozen cycles:

Adjuvants used ☐ Yes ☐ No

Details:

Outcomes in all cycles:

☐ Negative ☐ Biochemical pregnancy

☐ Clinical pregnancy ☐ Miscarriage

☐ Live birth ☐ Ectopic pregnancy

No. frozen embryos remaining:

Additional information regarding each frozen cycle / details of pregnancies from frozen cycles:

Fresh cycle # **Cycle date: / /**

☐ Own eggs ☐ Donor eggs ☐ Patient 2 sperm ☐ Donor sperm

☐ IVF ☐ ICSI PGT: ☐ Yes ☐ No Daily dose FSH:

Adjuvants used ☐ Yes ☐ No Details:

No. eggs collected: No. eggs fertilised:

Fresh transfer ☐ Yes ☐ No No.

Eggs frozen ☐ Yes ☐ No No.

Embryos frozen ☐ Yes ☐ No No.

Outcome from fresh transfer:

☐ Negative ☐ Biochemical pregnancy ☐ Clinical pregnancy

☐ Miscarriage ☐ Live birth ☐ Ectopic pregnancy

Additional information:

Total no. of frozen cycles:

Adjuvants used ☐ Yes ☐ No

Details:

Outcomes in all cycles:

☐ Negative ☐ Biochemical pregnancy

☐ Clinical pregnancy ☐ Miscarriage

☐ Live birth ☐ Ectopic pregnancy

No. frozen embryos remaining:

Additional information regarding each frozen cycle / details of pregnancies from frozen cycles: