Patient Name: _____ DOB: _____ Partner Name: _____

Primary JOG M.D. _____ Isaacs _____ Lueken_____Snyder _____ Werne _____

Phone: _____ Pharmacy: _____ Allergies: _____

G _____ P _____ Diagnosis: _____

Prior Semen Analysis: Y / N **Prior HSG / Chromotubation:** Y / N **INTERCOURSE** **IUI** **DONOR IUI**

Date	DOW	Cycle Day	MEDS	Ultrasound	IUI
		1			
		2			
		3	X		
		4	Y		
		5	Z		
		6			
		7			
		8			
		9			
		10			
		11			
		12		X	
		13		Y	
		14		Z	X
		15			Y
		16			Z
		17			
		18			
		19			
		20			
		21			
		22			
		23			
		24			
		25			
		26			
		27			
		28			
		29			
		30			
		31			
		32			
		33			
		34			
		35			

Current Cycle Number: _____

Current Cycle Medication:

_____
_____
_____
_____
_____
_____

Prior Cycle Medications:

_____
_____
_____
_____
_____
_____

Other Related Medications:

_____
_____
_____
_____
_____
_____

If you do not have a period by day 35, take a urine pregnancy test and call the office at 812-481-2229.