

Creighton Model FertilityCare System
Information Card

WOMANS' NAME: _____ DOB: _____ ID # _____

MAN'S NAME: _____ Single ___ Engaged ___ Married ___

If engaged, indicate wedding date _____

Tele: (W) _____ (M) _____

Woman's Email address: _____ Man's Email address: _____

Woman's Address: _____

Man's Address: _____

Referred by: _____ Date of inquiry: _____

Your personal OB/GYN or Family Doctor: _____ Date of last Pap smear: _____

Interested in ___ Online session

Reason for requesting an Introductory Session _____

Appointment for IS Date _____ Woman ___ Man ___ Couple ___ Online

Attendance at IS Date _____ Woman ___ Couple ___ Online

Appointment for first Follow-up Date _____ Woman ___ Couple _____

Comments _____

___ No appointments after IS ___ Materials and list of FCP requested

___ I want to start charting and commit to 5 five follow ups and will sign the contract. Please mail me a FertilityCare kit.

___ I will decide about pursuing learning the system till after I attend the introductory session.