



REPRODUCTIVE
MEDICINE

NEW PATIENT PAPERWORK

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www.ouinfertility.com

Dear New Patient,

We look forward to meeting with you in your upcoming appointment. Our goal at OU Physicians Reproductive Medicine is to provide comprehensive evaluation and treatment in Reproductive Endocrinology and Infertility. Our physicians and staff are dedicated to giving you the highest level of care and compassion.

Enclosed in this packet are a number of items for you to fill out prior to your appointment and bring to your first visit. One such form concerns your medical history. The first half is the female medical history and the second half is the male portion. If you are being seen for a non-infertility issue, you do not need to complete the male portion. In addition we have included information on our policies regarding your privacy, medical records, lab work, and financial obligations. Please review all of this information. If you have had relevant evaluation or testing elsewhere, please have those records sent to us prior to your visit.

We request that you arrive 15 minutes prior to your scheduled appointment time. IF YOU HAVE NOT REGISTERED ON THE PATIENT PORTAL, THE APPOINTMENT WILL BE RESCHEDULED. If you are being seen for infertility, we recommend that your partner attend the appointment with you. You should plan to spend from one to two hours in our office for your initial visit. At this appointment your physician will review your history, discuss an evaluation and/or treatment. You will also have a physical exam including a trans-vaginal ultrasound. Finally, your physician may recommend blood work or other tests be done that same day. A resident in obstetrics and gynecology or a medical student from the University of Oklahoma may be present during your discussion or examination with your physician. If you have concerns regarding this, please make the front office staff aware when you arrive.

You should have been asked for your insurance information when you made your first appointment. We will check with the insurance carrier on your coverage of evaluation and treatment. We will call and notify you of this information prior to the appointment. However, the benefits quoted to us by your insurance carrier are not a prior approval or a guarantee of payment. It is important that you check with your insurance carrier for your benefits. Please bring your insurance identification card and any pertinent insurance information with you to your first visit. It is your responsibility to obtain a referral or pre-authorization for your visit if required by your insurance company and have it sent to us prior to your appointment.

WE ASK FOR A MINIMUM OF 72 HOURS NOTICE TO CHANGE OR CANCEL AN APPOINTMENT. YOU MAY BE CHARGED A CANCELLATION FEE OF UP TO \$75.00 FOR FAILURE TO SHOW FOR A SCHEDULED APPOINTMENT.

If you have any questions, please call us at (405) 271-1616. We look forward to meeting you soon.

Sincerely,

The Team at OU Physicians Reproductive Medicine

Infertility Evaluation and Treatment

Having a child and building a family is usually associated with much joy and anticipation. However, as many as 10% to 15% of couples face infertility. For these couples, attempting to conceive becomes a time of frustration; a time in which feelings of helplessness and loss can have a significant impact on their life. For couples having difficulties conceiving, the infertility program at OU Physicians Reproductive Medicine can offer hope.

Some Facts About Infertility

Couples are considered infertile if they have not been able to conceive after one year of sexual intercourse without the use of any form of contraception. Starting an infertility investigation earlier is only advised for couples who have knowledge of factors in their history or physical examination that definitely suggests an abnormality or an obstacle to establishing a pregnancy. The following statistics apply to infertile couples:

- 10% to 15% of all married couples are infertile
- in 15% to 20% of all infertility cases, both the husband and the wife have a problem
- in 35% to 40% of infertile couples, reproductive problems occur only in the man.
- in another 35% to 40% of infertile couples, reproductive problems are found only in the woman

Infertility Program OU Physicians Reproductive Medicine

We specialize in diagnosing and treating infertility and reproductive endocrine problems. Our specialists have extensive expertise and are fellowship trained in Reproductive Endocrinology and Infertility.

For patients struggling with infertility, we offer a broad scope of treatment options including Advanced Reproductive Technologies (ART) with high pregnancy rates. Our objective is to identify all causes of infertility and then to establish a treatment plan to help achieve your goal of becoming pregnant. After the first trimester of pregnancy, women return to their physician for obstetrical care.

Conditions we frequently diagnose and treat include polycystic ovarian syndrome, ovulation dysfunction, previous tubal ligation, endometriosis, fibroids, menstrual disturbances, male-factor infertility, uterine and vaginal (mullerian) anomalies, and recurrent pregnancy loss.

Our expertise includes the following procedures:

- * In-vitro fertilization (IVF)
- * Tubal reversal surgery
- * Laparoscopic and hysteroscopic surgery
- * Frozen (cryopreserved) embryo transfer
- * Ovulation induction
- * Semen analysis
- * Intrauterine insemination
- * Donor insemination
- * Recipient / oocyte (egg) donation cycles
- * Hysterosalpingograms

For patient convenience, we have an on-site, full service laboratory for andrology (semen analysis), endocrinology (hormonal evaluation) and embryology (for in-vitro fertilization).

We also offer access to on-going clinical trials on ovarian aging and infertility and new infertility treatments for patients with Polycystic Ovarian Syndrome (PCOS).

The Infertility Evaluation

Because infertility is a disease of the couple, we encourage both the husband and wife to be present so that both partners can ask questions and understand the planned strategies for diagnosis and treatment. We recommend a full evaluation of both partners, even if you are aware of a reason for your infertility (i.e. the female doesn't ovulate regularly). Sometimes there can be more than one cause of your infertility.

Our evaluation will focus on 3 main areas:

Your physician may recommend some or all of these tests, depending on your history and physical exam.

Is the female ovulating (producing an egg) each month?

Many times this is determined by reviewing the woman's menstrual history

Blood work may include:

1. Thyroid (TSH)
2. Prolactin (the hormone associated with breast feeding)
3. Androgen levels (testosterone, DHEA-S)
4. Measures of insulin resistance (fasting levels of insulin and glucose)
5. FSH (Follicle Stimulating Hormone) and Estradiol levels
6. Progesterone

You may be asked to use urine ovulation predictor kits or maintain a basal body temperature chart.

Does the male make sufficient normal sperm to result in pregnancy?

Semen Analysis is the most common test performed. (not at initial appointment)

1. You will provide a sperm sample by masturbation
2. Abstain from ejaculation for at least 2 days, but no more than 5 days prior to the appointment.
3. The main parameters assessed are the volume, number of sperm, and how many are motile
4. Your physician may also want to have the morphology (how many sperm have normal shape) evaluated and possibly check for sperm antibodies.

Hormone evaluation—sometimes the male will need blood work to further evaluate abnormalities of the semen analysis.

Can the egg and sperm get together (are the tubes open and is the uterus normal)?

Hysterosalpingogram (HSG)

1. This is the test most commonly ordered
2. It is an X-ray test done to see if the tubes are open and the inside of the uterus is normal

Trans-vaginal Ultrasound

1. This will be done at your initial patient appointment
2. We can sometimes see structural problems with the way the uterus is formed and whether there are other problems such as fibroids, polyps, and dilated tubes

Saline Sonogram

1. This is a trans-vaginal ultrasound that is performed while there is fluid inside the uterus.
2. We can assess the uterus, but not the tubes

Surgery

1. Your doctor may recommend laparoscopy (a camera in the abdomen/pelvis) and/or hysteroscopy (camera through the cervix and into the uterus)

2. This allows us to see a problem with the uterus, tubes, or ovaries and in some cases be able to surgically correct it.
3. This is used to diagnose endometriosis, remove fibroids or polyps, reconstruct or remove tubes, and/or remove ovarian cysts, depending on the circumstances.

Other

1. Ovarian reserve
 - a. These tests help us learn more about the quantity and to some extent, the quality of the eggs remaining in a woman's ovaries. Ovarian reserve decreases with age. These tests also help us predict how the ovaries will respond to medications to induce ovulation.
 - i. Blood work on Day 3 of cycle for FSH (follicle stimulating hormone) and Estradiol (a form of estrogen)
 - ii. Clomid Challenge Test. Blood work is done on Day 3 as above. Then you take Clomid days 5 through 9 of the cycle. Finally, you have an FSH level drawn on Day 10 of your cycle.
 - iii. Antral Follicle Count. This is evaluated by performing a trans-vaginal ultrasound of the ovaries to see how many small (<10mm) follicles are on each ovary. This number declines with age.
2. Postcoital Test. Your physician will examine your cervical mucus for the presence of sperm, as well as assessing the quality of the mucus around the time of ovulation

Available Treatment Options

After you have completed your testing, you will make an appointment with your physician to discuss treatment options. The options recommended will depend on what problems were identified during the evaluation. If there is a problem identified, we will directly address the problem if possible. For example, if a patient has abnormal thyroid testing, we will recommend starting thyroid hormone replacement.

There is not a direct treatment for all abnormalities. Furthermore, in approximately 20% of couples all testing will be normal and they will be given a diagnosis of "Unexplained Infertility". In both of these cases, we recommend empiric treatments.

Some of the treatments that may be recommended include:

1. Ovulation induction with either clomid (pill) or gonadotropins (injections)
2. Intrauterine inseminations (IUI; also known as artificial insemination)
3. In vitro fertilization
4. Donor egg
5. Donor sperm with IUI
6. Surgery to correct an anatomical abnormality
7. Tubal reversal

If your physician recommends these treatments, they will discuss it in much more depth at your appointment.

Conclusion

Although an infertility evaluation and treatment can be complicated and stressful, the physicians and staff at OU Physicians Reproductive Health are here to help you through the process. If you have any questions or concerns, please don't hesitate to let us know.

Organizations with Infertility Information

RESOLVE is a nationwide non-profit consumer organization serving infertile couples with information and advocacy.

If you would like more information about RESOLVE: The national Infertility Association and the services they provide please use the contact information below

RESOLVE

7910 Woodmont Avenue
Suite 1350
Bethesda, MD 20814

Phone (301) 652-8585

Fax (301) 652-9375

www.resolve.org (Lots of information on website)

Email: General Questions: info@resolve.org

HelpLine: Call toll free: 888-623-0744

The American Society for Reproductive Medicine (formerly the American Fertility Society) is the leading organization for physicians and other health providers who care for infertile couples.

AMERICAN SOCIETY FOR REPRODUCTIVE MEDICINE

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www.asrm.org (has an area specifically for patients)