RIA
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# RIA PATIENT CLINICAL INFORMATION

## I. IDENTIFYING DATA

Date: _____

Name (Patient): _____ DOB: _____

Name (Partner): _____ DOB: _____

Duration of Relationship: _____

## II. MEDICAL HISTORY

Height: _____ Weight: _____ Blood Type: _____

HAVE YOU EVER HAD THE FOLLOWING (CHECK ALL THAT APPLY):

☐ Arthritis
☐ Blood clots in extremities
☐ Blood transfusion
☐ Chest pain
☐ Colitis
☐ Edema
☐ Hair loss (>100 hairs/day)
☐ Headache
☐ Irregular heart rhythm
☐ Kidney problems
☐ Liver problems/jaundice
☐ Memory impairment
☐ Photosensitivity
☐ Rashes
☐ Raynaud's
☐ Sensory loss involving the extremities
☐ Shortness of breath
☐ Visual abnormalities (except refractory)
☐ Weakness
☐ Ulcers in mouth or genitalia
☐ Weight loss (unplanned)
☐ Other _____

_____

_____

_____

☐ Autoimmune disease, unspecified
☐ Anemia
☐ Cerebral vascular accident (stroke)
☐ Deep venous thrombosis
☐ Eclampsia or pre-eclampsia
☐ Endometriosis
☐ Idiopathic thrombocytopenic purpura
☐ Inflammatory bowel disease
☐ Mixed connective tissue disease (MCTD)
☐ Myocardial infarction (MI/heart attack)
☐ Myofascial pain syndrome or fibrositis
☐ Polymyalgia rheumatica
☐ Premature ovarian failure
☐ Pulmonary embolus
☐ Raynaud's syndrome
☐ Rheumatoid arthritis
☐ Systemic lupus erythematosus
☐ Thyroiditis
☐ Other

_____

_____

_____

MEDICATION (current)

_____

_____

_____

_____

_____

_____

SURGERY (non-reproductive)

_____

_____

_____

ALLERGY OR SERIOUS SIDE-EFFECT TO MEDICATION:

_____

_____

_____

Patient Name:

## III. REPRODUCTIVE HISTORY

☐ MISCARRIAGES

Diagnosis: _____

_____

_____

_____

Number of pregnancies: _____

Number of live births: _____

Number of therapeutic abortions (TAB): _____

Number of miscarriages (SAB): _____

| Pregnancy # | Year | SAB? (miscarry) | TAB? (abortion) | Age Fetus at Demise, Chemical? | Live Birth? | Current Partner Father? | Treatment or Procedure |
|---|---|---|---|---|---|---|---|
| 1 | | | | | | | |
| 2 | | | | | | | |
| 3 | | | | | | | |
| 4 | | | | | | | |
| 5 | | | | | | | |
| 6 | | | | | | | |

☐ INFERTILITY

Diagnosis: _____

_____

_____

_____

Number of IUI: _____

Number of ART: _____

(includes IVF, GIFT, ZIFT, etc.)

| Procedure # | Year | Type ART | Outcome (live birth?) | Medication Treatment(s) |
|---|---|---|---|---|
| 1 | | | | |
| 2 | | | | |
| 3 | | | | |
| 4 | | | | |

Patient Name:

## IV. LABORATORY AND OTHER DIAGNOSITIC PROCEDURES

| | Date(s) | Results |
|---|---|---|
| Endometrial biopsy: | | |
| Hysterosalpingogram: | | |
| Hysteroscopy: | | |
| Laparoscopy: | | |
| APA: | | |
| ANA: | | |
| Thyroid Antibodies: | | |
| Lupus Anticoagulant: | | |
| Leukocyte Antibodies: | | |
| DQ Alpha: wife | | |
| husband | | |
| Factor II Gene Mutation: | | |
| Factor V Gene Mutation: | | |
| MTHFR Gene Mutation: | | |
| Chromosomes: wife | | |
| husband | | |
| fetus | | |
| fetus | | |

## V. FAMILY HISTORY

☐ Cerebral vascular accident (stroke)
☐ Deep venous thrombosis
☐ Myocardial infarction (heart attack)
☐ Pulmonary embolus
☐ Systemic lupus erythematosus
☐ Other autoimmune disease: