

# Mind-Body Fertility Retreat Registration

In order to best customize the one day retreat, we ask that you answer the following questions. Any information that you submit will not be disclosed during the retreat and is only intended for professional use to best tailor the information presented during the retreat.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone Number: Home \_\_\_\_\_ Cell \_\_\_\_\_

E-mail address: \_\_\_\_\_

How long have you been trying to conceive? \_\_\_\_\_

Is this primary or secondary infertility? \_\_\_\_\_

Have you or your spouse received a diagnosis? \_\_\_\_\_

What treatments have you tried? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Have you tried any alternative treatments (e.g., acupuncture):

\_\_\_\_\_

Name of reproductive endocrinologist: \_\_\_\_\_

Other helpful information: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_