



Questionnaire

Patient

Partner

surname:.....

surname:.....

forename:.....

forename:.....

birthday.....

birthday.....

height:.....cm, weight:.....kg

Fon: private:.....

Fax:

Handy:

E-Mail:.....

How many years you wish to get pregnant or to carry out a successful pregnancy?.....

Inseminations / IVF/ICSI-Cycles

Inseminations: number..... with stimulation.....

without stimulation.....

IVF/ICSI/Cryo:

when	number of embryos	Grading of the embryos	Cryo	Pregnancy	Additional drugs

Pregnancies:

when	Outcome	Complications /Specials	Drugs / Treatment

Egg donation:.....

Embryo donation:.....

Heterologous insemination:.....

In which clinic your are in treatment?.....

.....

.....

Anamnesis

Patient:

Partner:

Have you some allergies?

.....

Have you had some infectious diseases (hepatitis, lues, HIV others)?

.....

Have you had an operation?

.....

Have you got transfusions (by an operation or accident)?

.....

Have you or have you had contact to dangerous substances (in the job or leisure)?

.....

Are you smoking? If yes, how much?

.....

Are you drinking alcohol? If yes, how much?

.....

Have or have you had any thyroid diseases?

.....

Have you had a thrombosis or an embolism or any trouble with the blood circulation?

.....

Are there some immunological diseases known (rheumatism, multiple sclerosis, lupus)?

.....

Take you drugs regulary? If yes, which and how often?

.....

menstruation cycle:

semen analysis:

.....

last menstruation.....

Anamnesis of the families:

There are genetic risk factors or disorders in your families known (miscarriages, childlessness, unclear death of children)?

.....

There are an accumulation of infarction, apoplexies, thrombosis or embolism in your families known?

.....

There are autoimmunological diseases in your families known (rheumatism, lupus, sclerodermie, multiple sclerosis)?

.....

There are an accumulation of thyroid diseases or diabetes in your families?

.....

Have you had a laparoscopy or a hysteroscopy? How was the result of this.....

.....

.....