Fertility Center Berlin

Spandauer Damm 130
14050 Berlin
Tel: 030 / 2332081-10
E-Mail: info@fertilitycenterberlin.de

Patient _____ born on _____

Partner _____ born on _____

Since when have you been trying to get pregnant? _____

I am married □ permanent relationship □ single □

I have my menstrual cycle every _____ days and it lasts about _____ days.

My last menstruation was on _____

I weigh _____ kg. I am _____ cm tall.

Smoker □ Non-smoker □

I have been pregnant before yes □ no □

If the answer is yes, please specify when, and also the outcome of the pregnancy.

_____

Have you had any prior gynecological procedures? yes □ no □

If the answer is yes, please specify which one/s.

_____

When was your last cancer screening (PAP Smear)?

_____

What is your gynecologist´s name + Address?

_____

Have you had any medical diseases/ allergies/ thromboses/ infections? yes □ no □

If the answer is yes, please specify which ones.

_____

Are you currently taking any medication? yes □ no □

If the answer is yes, please specify which one/s.

_____

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Have you ever had fertility treatment?

Ovarian stimulation □ Insemination □ IVF □ ICSI □ Oocyte cryopreservation □

Have you done any psychotherapy? yes □ no □

Would you say that you are satisfied with your sexuality? yes □ no □

Additional comments:

_____

_____

_____

Questions for the partner:

I weigh _____ kg. I am _____ cm tall.

Have you ever had a spermiogram done? yes □ no □

If the answer is yes, please share the test results with us.

Smoker □ Non-smoker □

Are you taking any medication? yes □ no □

If the answer is yes, please specify which one/s.

_____

Have you had infections/ surgery/ undescended testicles/ varicose veins in your testicles?

yes □ no □

Have you had any medical diseases/ allergies/ operations/ infections? yes □ no □

If the answer is yes, please specify which one/s.

_____

Additional comments:

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I hereby confirm that all information I have provided are correct and complete

Berlin, _____

_____ _____

Patient's signature Partner's signature