

Identification of a couple		
Woman's name	Woman's surname	Date of Birth
Man's name	Man's surname	Date of Birth
Contact		
Adress:		
E-mail 1:		
E-mail 2:		
tel. No. 1:		
tel. No. 2:		

Woman	
Family anamnesis	Please tick the appropriate answer and mention who suffers from disease, specify the details
Diabetes YES NO	
Hypertension YES NO	
Heart and vacular diseases YES NO	
Congenital defects YES NO	
Malignancy YES NO	
breast uterus ovary other	
Others	

Personal anamnesis	Please tick the appropriate answer and specify the details
Diabetes YES NO	
Hypertension YES NO	

Heart and vacular diseases YES NO	
Hepatitis A B C YES NO other	
Trombosis YES NO	
Congenital defects YES NO	
Malignancy YES NO breast uterus ovary other	
Others	

Other informations		
Do you have an allergy? YES NO		What are you allergic to? Are you allergic to any medication?
Do you smoke? YES NO		Cigarettes per day:
Do you use any medications regularly? YES NO		What for? What medication do you use? If yes, please specify
Height:	Weight (kg):	Blood group: Findings should be later documented

Gynaecological anamnesis		Specify the shortest and the longest period from the first day of your bleeding until the beginning of next bleeding and the shortest and the longest period of your menses	
At what age did your menses begin? years		Cyclus - / -	
PREGNANCY			
Delivery in (year)		The same partner yes - no	Completion:
Delivery in (year)		The same partner yes - no	Completion:
Delivery in (year)		The same partner yes - no	Completion:
Delivery in (year)		The same partner yes - no	Completion:

Miscarriage in (year)		The same partner yes - no	Completion:
Miscarriage in (year)		The same partner yes - no	Completion:
Miscarriage in (year)		The same partner yes - no	Completion:
Miscarriage in (year)		The same partner yes - no	Completion:
Abortion in (year)		The same partner yes - no	Completion:
Abortion in (year)		The same partner yes - no	Completion:
Abortion in (year)		The same partner yes - no	Completion:
Extrauterine pregnancy		The same partner yes - no	Completion:
Extrauterine pregnancy		The same partner yes - no	Completion:
Gynaecological diseases		Please tick the appropriate answer and specify if necessary	
Endometriosis	YES NO		
Pelvic inflammatory disease	YES NO		
Cysts	YES NO		
Brest disease	YES NO		
Gynaecological operation	YES NO		
Other gynaecological operation	YES NO		
Other gynaecological operation	YES NO		
Other gynaecological operation	YES NO		

Completion:

Man		
Family anamnesis		Please tick the appropriate answer and mention who suffers from disease, specify the details
Diabetes	YES NO	
Hypertension	YES NO	
Heart and vacular diseases	YES NO	
Congenital defects	YES NO	
Malignancy	YES NO	
Others		

Personal anamnesis		Please tick the appropriate answer and specify the details
Diabetes	YES NO	
Hypertension	YES NO	
Heart and vacular diseases	YES NO	
Hepatitis A B C other	YES NO	
Trombosis	YES NO	
Malignancy	YES NO	
Congenital defects	YES NO	
Others		

Other informations		
Do you have an allergy?	YES NO	What are you allergic to? Are you allergic to any medication?
Do you smoke?	YES NO	Cigarettes per day: Completion:
Do you use any medications regularly?	YES NO	What for? What medication do you use? If yes, please specify
Height:	Weight (kg):	Blood group: Findings should be later documented

INFERTILITY	Duration (in months)	
	Please tick what part was examined and specify if necessary	
Tubal patency test Laparoscopy	YES NO	Findings :
Tubal patency test X-ray	YES NO	Findings :
Tubal patency test by using different method	YES NO	Findings :
Evidence of ovulation US folliculometry	YES NO	Findings :
Evidence of ovulation by using different method	YES NO	What method was used? Findings :

EXECUTED TESTS

FSH between the 2 nd and the 5 th day of a cycle	YES NO	Value:	
LH between the 2 nd and the 5 th day of a cycle	YES NO	Value:	
TSH	YES NO	Value:	
Prolactin	YES NO	Value:	
Progesteron	YES NO	Value:	
Others:			

STD Man

HIV	anti HIV 1,2 if possible Ag p24	Value:	Findings should be later documented
hepatitis B	HbSAg if possible anti HbC IgM	Value: Value:	Findings should be later documented

hepatitis C	anti HCV antibodies	Value:	Findings should be later documented
lues		Value	Findings should be later documented
<u>STD Woman</u>			
HIV	anti HIV 1,2 if possible Ag p24	Value:	Findings should be later documented
hepatitis B	HbSAg if possible anti HbC IgM	Value: Value:	Findings should be later documented
hepatitis C	anti HCV antibodies	Value:	Findings should be later documented
lues		Value	Findings should be later documented

Spermanalysis

Please tick the appropriate answer

In year: Findings:	Normal	Minor pathological	Pathological	Major pathological	Azoospermia
In year: Findings:	Normal	Minor pathological	Pathological	Major pathological	Azoospermia
In year: Findings: azospermie	Normal	Minor pathological	Pathological	Major pathological	Azoospermia
In year: Findings:	Normal	Minor pathological	Pathological	Major pathological	Azoospermia

Genetic examination :	YES	NO	
Imunologic examination:	YES	NO	

Actual history of infertility treatment

Intrauterine insemination (IUI) without ovarian stimulation YES NO	How many times?	Completion:
Intrauterine insemination (IUI) with ovarian stimulation - Clomid YES NO	How many times?	Completion:
Intrauterine insemination (IUI) with ovarian stimulation - gonadotropins YES NO	How many times?	Completion:
IVF cyclus YES NO	In year	Completion:
IVF cyclus YES NO	In year	Completion:
IVF cyclus YES NO	In year	Completion:
IVF cyclus YES NO	In year	Completion:
IVF cyclus YES NO	In year	Completion:

Completion: