INFERTILITY JOURNAL (WOMAN)

To create a file on you, we would like to ask you to fill out below as well as you can before entering the consultation.

Your Last name, first name, Birthday.	
Your Cellphone no./ Your landline/home no.	Cellphone: / Landline no.
Are you resistant to penicillin? Do you have any other medical allergies?	No allergi Allergies to: ….
Your position (job)	
Your current or previous education	
You ethnical background (which country are you from?)	
Marrital status (Line under)	Married Widow Cohabitants Single Other:
Din alder da du fik din første menstruation	
Date of your last menstrual period (the first day)	**dd-mm-yy**
How long is your cycle (line under where it fits your cycle). Write if your cycle length if it does not exist in the same categories	(21-28) (28-30) (28-35) (Over 35days) (Under 21 days) White your cycle here if it does not exist:
How many days do you bleed when you get your period/menstruation?	
When did you get the last cell sample from the cervix? (test for cell change)	Year Normal □ Dysplasia?□
Who in your family has had ovarian cancer, breast cancer or pelvic cancer? Please Write what they had:	
Have you previously had any surgery done in the abdomen or stomach (Please write on the back if you need space)	Yes No When (year, date)? What was the surgery for?
Have you previously had any gynecological diseases: Please indicate:	Fibroid Polyp Cyst in the ovaries HPVvirus Genital warts Endometriosis Infertility Cancer? Which type:
Have you had any blood clots, or liver disease due to p-pills	Yes No When:
Name of medication you receive daily	
You height (cm) and weight (kg)	……..Cm ……Kg
How many cigarettes do you smoke daily	…..pr/day
How many years have you been using p-pills?	…….år
How many miscarriages have you had?	Write the number here ….Which pregnancy week
How many provocative abortions have you got?	Write the number here ….Which pregnancy week
Have you been pregnant outside the womb?	If yes, then write the number here…… Have you had, your fallopian rube/ovarie removed?
How many times have you been pregnant?	Write the number here…..
How many children have you given birth to? And how many children do you have with the man you are with now?	Write the number here…..other childreen: The nr. of childreen with the man you are with now:
Do you take an ovulation test? If positive, which day in your cycle does it happen?	Yes No Cycle day: ….
Write a few words about, why you are here today:	For how long have you tried to get pregnant? Have you tried artificial insemination / treatment earlier?