## Patient-completed medical history form



Woman		
Infertility since Weight Folic acid (drug name?) + vitamins	Stopped contraception (when, which methods) Height Medication	
Genetic tests (please bring reports)		
Fallopian tubes checked O yes O no Results? (please bring	reports) How: HSG X-ray/ HyCoSy ultrasound/ LSC surgery?	
Previous infertility therapies (please bring reports)	Which/when/where/pregnancies?	
Previous pregnancies	Year? Outcome?	
Personal medical history: general health problems/ diseases	Iron deficiency? Hypothyroidism? Hepatitis?	
Surgeries		
Gynecological diseases	Acne? PCO syndrome? Fibroids? Endometriosis? Pelvic inflammatory diseases? Abnormal PAP smear?	
Previous hormone use	e.g. Pill? How was it tolerated?	
Family history	e.g. Breast cancer, abdominal cancer, thromboses, embolisms, genetic diseases? Diabetes?	
Last annual gynecological check-up	Last dental check-up	
Allergies	e.g. Latex, medications	
1st day of cycle (=1st day of proper bleeding)	Age at onset of 1st period	
Period / cycle	Duration in days? Interval in days? Regularity? Spotting? Blood clots?	
Abdominal pain	At the time of the period? Taking painkillers? During sexual intercourse? When using the bathroom?	
	If yes, how often positive?	

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## 360° KINDERWUNSCH ZENTRUM ZÜRICH

# Patient-completed medical history form

Man		
Weight	Height	
Genetic tests (please bring reports)		
Medication		
Personal medical history: general health problems/ diseases		
Children from previous partnerships		
Semen analysis already performed? (please bring reports)		
Nicotine	Anabolic steroids	
Surgeries		
Urological examinations?	When? Where?	
Urological diseases?	Undescended testicle? Mumps disease? Abdominal or genital trauma? Inflammation? Varicoceles?	

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## Patient-completed medical history form



## **Checklist initial consultation**

Whenever possible, you should bring your partner to the initial consultation.

Please remember to retrieve the following documents from previous doctors or labs in advance, as they allow us to make an individual assessment of your personal situation and derive the most concrete recommendations possible. If not yet determined, we can arrange for the examinations later (if necessary).

**Top 3 List of examinations: please be sure to send in advance by email / mail** 1.  $\Box$  Hormone values: FSH, AMH 2.  $\Box$  Semen analysis 3.  $\Box$  Results of the tubal examination

### Other helpful documents

□ Reports of previous fertility treatments (especially old IVF lab protocols and stimulation protocols)

- Blood tests (including hormones, iron levels, vaccination titers (female), infectious serology (female and male))
- Gynecology surgeries reports (e.g., uterine endoscopies, laparoscopies)
- □ Blood group card (woman)
- Genetic testing (male and female)

### **Your Patient Agenda**

For the initial consultation, we will take enough time to provide you with comprehensive guidance. We aim to make sure that you receive all the information you need. From our experience, it is very helpful if you prepare a checklist for yourself, and carry it with you, indicating your hot topics.

Thus, please consider the following questions beforehand, which will be of relevance during the consultation: what would you like to know, what is important to you, what do you want to avoid, what you are worried about and which aspects of your fertility journey really moves you.

### Your Patient Agenda

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