



Dear patient,

welcome to our practice, we appreciate your visit. First of all, we need some information about you and your medical records. Thank you for your help.

last name: ..... first name:..... date of birth:.....

phone: ..... e-mail:..... profession: .....

### What is the reason of your visit?

- routine check up
- pregnancy
- child wish/ infertility
- complaints (please describe your present problems):.....

### Menstrual history

first day of your last menstrual period (LMP): .....

days between two bleedings:..... For how many days do you bleed?.....

Do you have problems related to your period (e.g. strong bleeding, pain, irregular bleeding)?

.....

Are you using any contraception (pill, coil/IUD, condoms)? .....

### Obstetric history

Have you had a miscarriage/ abortion or extrauterin pregnancy? .....

Have you had any pregnancies (which year, normal delivery/ caesarian/ forceps/ vacuum)

.....

.....

Did you have any problems during the pregnancies (e.g. premature contractions, infections,

small-for-date baby)? .....

.....



**Past medical history**

Have you had any gynaecologic illnesses in the past (e.g. pelvic or gynaecological surgery, laparoscopy, dilatation & curettage, pelvic inflammaory disease)?

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Have you ever had a mammography or coloscopy? .....

Do you have any conditions or allergies ? .....

Have you ever had any surgery or serious illnesses? .....

.....

Are there any oft he following diseases in your family? .....

Hypertension

thrombosis (blood clot)

heart attack

stroke

Diabetes

Cancer, what kind?

.....

Do you take any medication at present? .....

Do you smoke? If yes, how many cigarettes a day? .....

Are there other information that we might need? .....