Sangla 63,Tartu
Estonia
tel +3727409930
www.fert-c.ee
L00734

PERSONAL DATA OF PATIENT **date:**

WOMAN	**MAN**
Name (given name and surname):	Name (given name and surname):
Date of birth (dd/mm/year):	Date of birth:
Personal code (ID no):	Personal code (ID no):
Profession:	Profession:
Address:	
Telephone:	Telephone:
Mobile:	Mobile:
E-mail:	E-mail:
Height (cm):	Height:
Weight (kg):	Weight:
Eye colour:	Eye colour:
Hair colour:	Hair colour:
Reason for treatment with a donated ovum:	
MEDICAL HISTORY / WOMAN	
Basic medical disorders:	
Regular medication:	
Allergies:	
Smoking:	
Surgery in the abdominal area:	
Genital infections:	

Diseases that may affect pregnancy and unborn child:
Length of menstrual cycle:
Date when last 3 periods commenced:
Pregnancies in current relationship (Deliveries, miscarriages, abortions):
Pregnancies in previous relationships:
Previous fertility treatments:
Other information:
MEDICAL HISTORY / MAN
Basic medical disorders:
Regular medication:
Allergies:
Smoking:
Surgery in the abdominal area:
Genital infections:
Pregnancies in previous relationships:
Previous fertility treatments:
Sperm analysis (IVF or ICSI needed?) :
Other information:
Where did you obtain the information about Elite Clinic? :
Date:
Signatures: