

No.

In order to provide correct evaluation and successful personalized treatment plan, the medical team needs extensive details about factors involved. We recommend that you fill in as much information as possible. Please attach all relevant documentation to this form, such as reports of previous treatments, examinations, operations.

All answers are voluntary and strictly confidential. You can send us the form via email at: programari@gynera.ro

Patient personal information

Surname	Name
Date of birth	ID
Address	
Phone number	Email
Occupation	Employer
Public medical insurance	Private medical insurance
Married <input type="checkbox"/> No <input type="checkbox"/> Yes, since	

Partner personal information

Surname	Name
Date of birth	ID

Addressability

Reason for consultation
You came to <input type="checkbox"/> Gynera clinic <input type="checkbox"/> Specific doctor
How did you find about Gynera / the doctor?
Referring doctor

Medical information

Height	Weight
Smoker <input type="checkbox"/> No <input type="checkbox"/> Yes	cigarettes/day Alcohol <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Other toxicants
Menstrual cycle <input type="checkbox"/> Regular <input type="checkbox"/> Irregular	Interval between menses First menstruation at age Last menstrual period

Previous pregnancies

Year	Natural delivery (N) C-section (C) Miscarriage (Ab) Induced abortion (IA) Ectopic pregnancy (E)	On schedule Premature Weeks of pregnancy	Complications	Spontaneous (S) After treatment (T)	Same partner Yes / No

Current medication No Yes

Allergies No Yes

Did you ever have?

Chlamydia	Chronic pelvic pain	Breast node	Thyroid disease	Hypertension
Gonorrhoea	Papilloma virus (HPV)	Cancer	Asthma	Headache
Herpes	Abnormal Pap test	Diabetes	Urinary infections	Transfusion
Hepatitis	Endometriosis	Cardiac disease	Uterine adhesions	Thrombosis
TBC	Polycystic ovaries	Liver disease	Tubal obstruction	Vaccinations
IUD	Weight variations	Renal disease	Anaesthetic, if yes, any complication:	

Medical history - others

Surgery

Did you take or do you take now contraceptives?

Family history (diabetes, cancer, genetic diseases, cardiac diseases, hypertension, malformations thrombosis, embolism etc)

Infertility No Yes, since (Unprotected intercourse)

Previous investigations Known cause No Yes

AMH	Yes, in year	Result
TSH	Yes, in year	Result
Prolactine	Yes, in year	Result
Hysterosalpingogram (HSG) in year		Result
Hysteroscopy	Yes, in year	Result
Laparoscopy	Yes, in year	Result
Mammogram / Scan	Yes, in year	Result
Genetic tests		

Significant treatments No Yes

Clomifen (Clomid, Clostilbegyt)			Gonadotropins (Menopur, Puregon, Gonal-f, Merional, alte)				
Date	Doze	Result	Date	Medication	Follicle no.	Result	Complications

Date	Clinic	Medication	Doze	# Eggs	IVF/ ICSI	Transferred embryos	Embryo quality	Frozen embryos	Result

Hyperstimulation syndrome / Other complications No Yes

Date _____

Signature

Your personal data is processed by the Gynera Medical Clinic, according to the registration with the National Supervisory Authority for Personal Data Processing no. 19963, for the sole purpose of providing medical services. You may exercise the right of access, intervention, erasure and portability under the conditions provided by Romanian Law 677/2001 and European Regulation GDPR 679/2016, by a written and dated request sent to the Gynera Medical Clinic. Details on www.gynera.ro