

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 Gynera clinic Specific doctor

How did you find about Gynera / the doctor?

Referring doctor

Medical information

Height _____ Weight _____

Smoker No Yes cigarettes/day _____ Alcohol No Yes Other toxicants _____

Menstrual cycle Regular Interval between mensis _____ First menstruation at age _____

Irregular 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?

<input type="checkbox"/> Chlamydia	<input type="checkbox"/> Chronic pelvic pain	<input type="checkbox"/> Breast node	<input type="checkbox"/> Thyroid disease	<input type="checkbox"/> Hypertension
<input type="checkbox"/> Gonorrhoea	<input type="checkbox"/> Papilloma virus (HPV)	<input type="checkbox"/> Cancer	<input type="checkbox"/> Asthma	<input type="checkbox"/> Headache
<input type="checkbox"/> Herpes	<input type="checkbox"/> Abnormal Pap test	<input type="checkbox"/> Diabetes	<input type="checkbox"/> Urinary infections	<input type="checkbox"/> Transfusion
<input type="checkbox"/> Hepatitis	<input type="checkbox"/> Endometriosis	<input type="checkbox"/> Cardiac disease	<input type="checkbox"/> Uterine adhesions	<input type="checkbox"/> Thrombosis
<input type="checkbox"/> TBC	<input type="checkbox"/> Polycystic ovaries	<input type="checkbox"/> Liver disease	<input type="checkbox"/> Tubal obstruction	<input type="checkbox"/> Vaccinations
<input type="checkbox"/> IUD	<input type="checkbox"/> Weight variations	<input type="checkbox"/> Renal disease	<input type="checkbox"/> 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