Gynera Fertility Center
www.gynera.ro

Patient Registration M

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: 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 ☐ No ☐ Yes, since	

Partener 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	
Toxic environment	☐ No	☐ Yes		Excessive heat exposure	☐ No	☐ Yes	
Other toxicants							

Pregnancies with current partner	☐ No	☐ Yes		Pregnancies with other partner	☐ No	☐ Yes	
Children							
Year of birth	☐ Current partner		☐ Other partner		Healthy		
Year of birth	☐ Current partner		☐ Other partner		Healthy		
Year of birth	☐ Current partner		☐ Other partner		Healthy		

Current medication, including herbal	☐ No	☐ Yes	
Allergies	☐ No	☐ Yes	

Did you ever have?									
☐	Chlamydia	☐	Papilloma virus (HPV)	☐	Thyroid disease	☐	Hypertension	☐	Transfusion
☐	Gonorrhoea	☐	Other genital infections	☐	Cancer	☐	Asthma	☐	Thrombosis
☐	Herpes	☐	Inguinal haernia	☐	Diabetes	☐	Urinary infections	☐	Vaccinations
☐	Hepatitis	☐	Testicular tumor	☐	Cardiac disease	☐	Difficulty to produce sperm		
☐	TBC	☐	Varicocoel	☐	Liver disease	☐	Weight variations		
		☐	Undescended testis	☐	Renal disease	☐	Anaesthetic, if yes, any complication:		
☐	Erection / ejaculation problems					☐	Steroid administration		

Medical hystory - others

Previous surgery
Urinary tract
Undescended testis
Testicular tumor
Varicocoel
Testicular biopsy PESA/MESA/TESE
Other

Family history (diabetes, cancer, genetic diseases, cardiac diseases, hypertension, malformations thrombosis, embolism etc)
Family history of spontaneous abortion ☐ No ☐ Yes

Infertility ☐ No ☐ Yes , since (Unprotected intercourse)

Previous investigations Known cause ☐ No ☐ Yes

Semen analysis	Yes, in year	Result	
Semen culture	Yes, in year	Result	
Urethral culture	Yes, in year	Result	
FSH	Yes, in year	Result	
TSH	Yes, in year	Result	
Prolactine	Yes, in year	Result	
Testosterone	Yes, in year	Result	
Genetic tests	Karyotype	☐ Normal	☐ Abnormal
	Y CRS Microdeletions	☐ Absent	☐ Present
Others			

Urologic examination	Yes, in year	Result

Significant treatments		
Hormone treatment	Yes, in year	Medication
Others	Yes, in year	Treatment
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