

## Form for patient

<b>Name of the woman:</b>	
<b>Date of Birth</b>	
<b>Place of residence</b> (country, city )	
<b>Citizenship</b>	
<b>Weight</b>	
<b>Height</b>	
<b>Infertility duration</b> (months)	
<b>History of previous IVF treatment</b> No. of IVF cycles , month and year, used medications, number of oocytes ( own or donated) , type of fertilization ( IVF or ICSI) number of fertilized oocytes, No. of embryos transferred, No.of frozen embryos, course of embryo transfer ( normal or ultrasound guided ) , pregnancy outcome	
Levels of FSH , LH , Estradiol and Prolactin on 3 day of menstruation ( or between cycle day 1-5 )	
<b>History of OHSS</b>	
<b>Number of pregnancies</b> (with the contemporary or previous partners) No of pregnancies, No. of miscarriages, No. of ectopic pregnancies. No of deliveries ( year)	
<b>Menstruation</b> duration (days) and cycle duration ( regular vs irregular)	
<b>Smoking</b> status ( yes or no or years since quitting)	
<b>General medical history</b>	
<b>Surgeries of reproductive organs</b> (salpingo-oophorectomy, hysterectomy, hysterosalpingogr. or hysteroscopy Tubal (oviduct) patency vs non patency)	
<b>Other surgeries</b> (appendectomy, cholecystectomy etc / years/)	
<b>Serious illnesses</b> ( diabetes mellitus , cardipathies) , genetic examination (karyotype)	
<b>Allergies</b>	
<b>Medications</b> currently used	
<b>Preferred method of assisted reproduction</b>	IVF-ICSI      Donor embryo      Donor eggs

## *Form for patient*

<b>Name of the Man</b>	
<b>Date of Birth</b>	
<b>Place of residence</b> (country, city )	
<b>Citizenship</b>	
<b>Weight</b>	
<b>Sperm examination</b> (volume, concentration of sperm, motility of sperm (progression). % of sperms with good morphology)	
<b>Genetic examination</b> (karyotype):	
<b>Levels</b> of FSH, LH, Prolactin , Testosteronel	
<b>Smoking</b> status ( yes or no or years since quitting)	

**The filling of all items is not mandatory . It is not necessary for you to undergo any other additional tests. Fill in the items only, which you know.**