



Personal information »social freezing«

General information

First and last name Date of birth

Street address Profession

Postal code and city

E-Mail

Telephone (day time)

Our questions for you

Your height

Your weight

Period / monthly cycle irregular regular: Every days and lasts days

Former pregnancies? Yes No

Births – Please provide year

Miscarriages – Please provide year

Terminations – Please provide year

Ectopic pregnancies – Please provide year

Do you have any allergies? Yes No

List allergies here

.....

Do you take medication? Yes No

Please provide the exact name, strength and dosage

.....

Do you suffer from a serious illness? Yes No

List illness(es) here

.....

Have you had an operation in the past? Yes No

Please list type of operation and date (year)

.....

Do you smoke? Yes No How many cigarettes per day?