



# Personal information for social freezing

## General information

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First and last name ..... Date of birth .....

Street address ..... Profession .....

Postal code and city .....

E-Mail .....

Telephone (day time) .....

## Our questions for you

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Your height .....

Your weight .....

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

Former pregnancies?  Yes  No

Births – Please provide year .....

Ectopic pregnancies – Please provide year .....

Miscarriages – Please provide year .....

Terminations – Please provide year .....

Do you have any allergies?  Yes  No

List allergies here .....

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Do you take medication?  Yes  No

Please provide the exact name, strength and dosage .....

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Do you suffer from a serious illness?  Yes  No

List illness(es) here .....

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Have you had an important operation in the past?  Yes  No

Please list type of operation and date (year) .....

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

How did you hear about us?  Acquaintances  Book  Internet  Newspaper  Other doctor  Podcast  
 Radio advertising  Social Media  Other: .....