



Personal information »social freezing«

General information

First and last name Date of birth

Street address Profession

Postal code and city Date of appointment

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

Which medications?

.....

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)

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