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**FURTHER QUESTIONS – FEMALE PATIENT:**

Do you have <b>menstrual cycles/periods</b> ?	
Are these cycles <b>regular</b> ?	
How <b>long</b> does your <b>cycle</b> last (from one bleeding to the next)?	
How long does the <b>bleeding</b> usually last ?	
Describe the bleeding – is it <b>profuse and red</b> ? Does it stop and start abruptly or is there <b>brown spotting</b> before the period or after the period?	
When do expect your <b>next period</b> to start ?	
Have you had a <b>hysteroscopy, aquascan or laparoscopy</b> ? Please give the <b>date</b> and the <b>findings</b> here.	
Do you take any <b>drugs</b> (including <b>vitamins</b> and <b>supplements</b> ) regularly ? Please <b>list</b> here:	
Have you ever been diagnosed with any kind of <b>immune problems</b> ?	
Have you had your thyroid hormones tested? Please list <b>TSH, FT4, antithyroid antibodies</b> here.	
Please <b>summarise here</b> any <b>recent</b> results of <b>FSH, LH, prolactin, AMH</b> tests etc	
Have you ever been checked for clotting ( <b>thrombophilia</b> ) problems ? Please <b>list</b> the results here.	
Have you ever been checked for <b>Chlamydia</b> (PCR) ? Please list results here.	
Have you ever been checked for <b>karyotyping</b> ? Please list any abnormal results here.	

Have you ever been diagnosed with a <b>viral</b> infection ( <b>herpes, shingles, cold sores , HPV</b> etc)?	
Please list any <b>other fertility related test results</b> with <b>dates</b>	
Please list any <b>other health issues</b> , including <b>allergies</b> and any previous <b>operations</b> that we should be aware of.	
Please give your <b>height, weight</b> and <b>BMI</b>	
Please indicate your <b>ethnic origin</b>	
Please give your <b>hair</b> colour and <b>eye</b> colour	
Please give your <b>blood group</b> if known	

**HUSBAND / PARTNER - HEALTH INFORMATION**

Full Name	
Father's first name	
Mother's first name	
Date of Birth	
Telephone	
Email	
Occupation	
How many <b>children</b> have you had ?	
Please list details here of any <b>sperm analyses</b> you have had done (with <b>dates</b> )	
Have you ever been checked for <b>karyotyping</b> ? Please list any <b>abnormal results</b> here.	
Have you ever been checked for <b>cystic fibrosis</b> gene mutations? Please list results.	
Please list any <b>other health issues</b> , including <b>allergies</b> and any <b>previous operations</b> that	

we should be aware of.	
Do you take any <b>drugs</b> (including <b>vitamins</b> and <b>supplements</b> ) regularly ? Please <b>list</b> here:	
Please give your <b>height, weight and BMI</b>	
Please indicate your <b>ethnic origin</b>	
Please give your <b>hair</b> colour and <b>eye</b> colour	
Please give your <b>blood group</b> if known	

**QUESTIONS:**

Please list here any <b>initial questions</b> or concerns you may have regarding any treatment.	
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- Please also note that according to the Greek law it is required that you bring before your medical treatment (IVF-IUI etc.) the below:

1. HIV 1 + 2 test – dated in last 6 months\*
2. Syphilis test (VDRL or RPR) – dated in last 6 months\*
3. Hepatitis B (HbsAg, HBcAb IgM) test – dated in last 6 months\*
4. Hepatitis C (HCV) test– dated in last 6 months\*
5. Cardiogram / ECG test report– dated in last 6 months (required only for patients intending Egg Collection or Surgical Sperm Retrieval)\*\*

6. Marital status certificate we need to have a copy of this for our files as following. \*\*\*

- Married couples

Marriage certification

- Single lady

A valid certification signed by you in presence of a notary that you are undergoing IVF treatment declared a single lady with anonymous sperm donation responsible for the child / children conceived

- Partnership

A valid certification signed by both parties in presence of a notary that you are both undergoing IVF treatment declared / as partners responsible for the child / children conceived

7. Passport

1, 2, 3 & 4 are also required when the male partner wishes to cryopreserve semen.

\*If you do not have items 1-4, we can arrange to do these tests for you for €110 per person.

For married and unmarried couples, regardless of whether sperm donation will be used, both partners must show proof of testing as this is a legal requirement.

\*\*If you need us to arrange the ECG for you, please let us know.

\*\*\*If you need us to arrange the relevant certification that applies for single ladies and couples in partnership we may organize this with a local notary at the cost of 100 euros.

\*\*\*\* **It is strongly suggested for:**

**All women under 35 years old, a recent breast ultrasound**

**All women over 35 years old, a recent mammography**

\*\*\*\*\* **It is strongly advised to secure travel medical insurance before your treatment.**

**A highly recommended option is through [www.medicaltravelshield.com](http://www.medicaltravelshield.com).**

*By submitting this questionnaire, I hereby fully understand, accept and consent that my Personal data including all sensible personal data pertaining to my health which reveal information relating to my past, current or future physical/ mental health status will be stored in a medical file and are protected from unauthorized disclosure, distribution and processing under domestic and E.C. relevant Legislation. I also give my informed consent that sensible personal data from my medical file will be treated as confidential and can only in codified and classified format be disclosed to the National Authority of Medically Assisted Reproduction for statistic reasons and i consent to that in knowledge of my (consent) withdrawal right.*

*By completing this questionnaire, you consent to the IVF Serum Clinic contacting you on your telephone/ mobile numbers and / or emails you have stated above. If you wish to modify your personal information, you can contact the data protection officer at [privacy@ivfserum.com](mailto:privacy@ivfserum.com).*

**PLEASE RETURN QUESTIONNAIRE TO [info@ivfserum.com](mailto:info@ivfserum.com)**

**MANY THANKS FOR YOUR TIME**