LIVIO
IVF–klinikken
Oslo

Health information female - English

Name:	**Personal number:**
Adress:	**Phone number:**

Fertility investigation ☐ **Fertility treatment** ☐

Marital satus: Married ☐ **Cohabitant** ☐ **Single** ☐

If married/cohabitant, partners name and personal number:

Name and adress of employer:
Position title:
Time position if less than 100 %:

Doctors name:
Medical center:

Cigarettes: No☐ Yes☐ How much: How long:	**Snuffing:** No☐ Yes ☐ How much: How long:	**Alcohol:** No ☐ Yes☐ Hvor mye per uke:
Height: .....cm Weight: .....kg	Have hyou for the past 12 months been working, become a patient or done any treatment at hospitals outside of Norway? No ☐ Yes☐	

Previous illnesses:	**No**	**Yes**	**Year**	**If yes, comment**
Cardiac disease				
Hypertention				
Pulmonary disease				
Asthma				
Diabetes				
Hormonal defects: Thyroid and others				
Urinary tract infections				
Kidney disease				
Gynecologic diseases				
Gynecologic operations				
Gastro-intestinal operations				
Gastro-intestinal diseases				
Bleeding diseases				
Venous thrombosis				
Epilepsy				
Familial inherited diseases				
Reumatoid arthritis/becherew				
Psykological: anorrexia, bulimia, other				
Other illnesses				

Years of unwilling childlessness: .....years

Earlier pregnancies	**Past relationship**	**Present relationship**
Nr of children + sex and d.o.b.		
Nr spontaneous abortions: month, year		
Termination of pregnancy: month, year		
Extra uterine pregancies: month, year		
Adopted children + sex, age		

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Date of three latest periodes:	
Hormone treatment: No ☐ Yes ☐ Where – clinic: When: Number of treatments:	
Earlier IVF: No ☐ Yes ☐ Where – clinic: When: Number of treatmens:	
Time of last cervical smear test:	Normal? Yes☐ No ☐
Do you take any medications? No ☐ Yes☐ If yes – which medication?	
Do you have any allergies? No ☐Yes☐ What kind of allergy?	
Hypersensitive to medication: No ☐ Yes☐ Describe if yes:?	
I have precviously been involved in a child protection case: No ☐ Yes ☐	
Anything else we should know about you?	

Date:……Signature:……