praenatalschall.de
Praxis für pränatale Diagnostik München

Dear Patient,
The personal consultation is important and is not intended to be replaced by this form, but instead be facilitated in terms of time. All information provided is subject to doctor-patient confidentiality, which also applies to all information provided in this questionnaire. Please help us by filling it out carefully.

Name:	First name:
Date of birth:	Profession:
Address: (street, house number, postcode and town)	
Tel. no. home: Tel. no. mobile: email:	Insurance: Referring gynaecologist:

First day of last period (date)	Regular cycle no O yes O Abnormal bleeding yes O no O
Cycle duration (days from period to period): Period duration (days of bleeding):	Ovulation trigger? yes O no O (was ovulation triggered by medication)
Anomalies during the **current** pregnancy and any in-patient stays? no O yes O, details:	**Preliminary examinations** and results (please mark with a cross) **Nuchal fold scan (O +biochemical test)** **yes O no O** Unremarkable yes O no O **NIPT - genetic blood test** **(VeracityTEST, PraenaTest, HarmonyTest, FetalisTest)** **yes O no O** Unremarkable yes O no O **Procedures (amniocentesis / CVS)** **yes O no O** Unremarkable yes O no O **Malformation ultrasound** **yes O no O** Unremarkable yes O no O

Has **artificial insemination** taken place?_____ yes O no O
If yes: which method?_____ Please specify day of puncture: _____
Cryopreservation?_____ yes O no O
if yes: Date of freezing:_____ Transfer:_____ Number: _____

Size:	Nicotine yes O number of cigarettes:_____ no O
Current weight:	Alcohol yes O Amount:_____ no O
Are you and your partner related? no O yes O (e.g. cousins)	Other infections? yes O with: _____ no O Is there an infection with Hepatitis A/B/C? yes O no O

Allergies: no O yes O, details:	Current **medication** (preparation / dose) no O yes O Others: ASA or Heparin (blood thinning) no O yes O Folic acid? no O yes O

Births: no O yes O, details: (in each case year / gender / birth weight / type of delivery)	Anomalies with **previous** pregnancy / birth no O yes O, details, Miscarriages: no O yes O, details (year, week of pregnancy):
Ectopic pregnanc: no O yes O (year)	Termination: no O yes O, details (year)

Other conditions: no O yes O, details (diabetes, high blood pressure, thrombosis, cancer etc.)	Congenital diseases in the family no O yes O (including the child's father's family) details: (Genetic diseases, congenital malformations, heart defects, etc.)
Gynaecological and other operations: no O yes O, details (year / type)	