MELIVA

Health declaration - **Female** Date:

Name:				Personal id number:			
Name of partner:				Personal id number:			
Address:							
Phone number:							
Marital status:	Married: ☐	Partners: ☐	How long have you been in this relationship?				
Registered in Stockholms län?	No ☐	Yes ☐					
Profession / employment:							
Smoking: No ☐ Yes ☐ Cigs/day: How long:			Snus: No ☐ Yes ☐ Snus/day: How long:		Alcohol? No ☐ Yes ☐ Amount/week:		
Other addiction: No ☐	Yes ☐	Which one:		Current weight:		Height:	
Heredity:						BMI:	

Past or present illnes/disease	No	Yes	Year	Past or present illnes/disease	No	Yes	Year
Diabetes				Thrombosis			
Hypertension				Kidney disease			
Heart disease				Abdominal surgery			
Lung disease				Depression (medical treated)			
Hemophilia							
Reumatic disease				Other serious illnesses			
Jaundice/hepatitis?				If yes, which one:			

Current medication:	No ☐	Yes ☐	Medication:
Allergies:	No ☐	Yes ☐	Against:
Hypersensitivity to drugs:	No ☐	Yes ☐	Which:

Gynecological health declaration

Previously gynecological disease	No ☐	Yes ☐			
Previously gynecological surgery	No ☐	Yes ☐			
Previously veneral disease / STD	No ☐	Yes ☐	Testing for chlamydia via 1177	No ☐	Yes ☐
Year of last taken pap smear:			Normal result? No ☐	Yes ☐	
Number of years of infertility:					
Current relationship Number of pregnancies:	Children:	Misscarriages:	Ectopic pregnancies:	Abortions:	
Previous relationship Number of pregnancies:	Children:	Misscarriages:	Ectopic pregnancies:	Abortions:	
Days between the first day of bleeding until next menstruations first day:			How many days of bleeding?		
Date of last menstruation:	Perid pain:	None ☐	Mild ☐	Moderate ☐	Severe ☐
	Pain killers:				

Have you used contraception?	No ☐	Yes ☐	If yes, what kind?
If yes, when did you stop with contraception?			
Have you previously undergone infertility assessment?	No ☐	Yes ☐	Name of clinic:
Have you undergone infertility treatment?	No ☐	Yes ☐	Name of clinic:

Consent to read my medical journals No ☐ Yes ☐

Consent that my personal id number and name are written in my partners medical journals No ☐ Yes ☐

Signature:

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