

Background report 02/10/2018

Date of first contact 23/06/2018	Refering doctor						
Woman's date of birth	Woman's name						
790524 2222	Don Daria	Don Daria					
Man's date of birth	Man's name						
780606 1111	Don Thomas						
Address							
City & country							
Phone home		Phone work					

Preg	Legal ab		Spont ab		Ectopic		Parity		
0	0		0			0	3		
Preg within th	e couple	Parit	Parity within the couple			Previous IVF-preg			
4		3			0				
Previous IVF-	-child	Previous preg IUI/stim			Previous child IUI/stim				
0		0				0			
Previous IUI/stim Pre		vious IVF Whe			ere p	re previous IUI/stim/IVF?			
0		2							
Previous IVF	this clinic	Dur	ation of inf	ertilit	ty				
1			2						
Cause of infe	rtility					☐ Als	so male factor		

Woman

Disease Hyperthyre	osis		Medication Levaxin			Allergy None known			None of significance		
Menstrual cycle		Note									
regular 25-3	35 days										
Previous surgery to	adnexa	One ova	ry missing?	Previous surgery to cervix?	Other	gynecological	surger				
Smoking, woman? Number cig/da: Non smoker			Snuffing, woman? Boxes/weel Non-Snuffer		Height, woman, cm Weight, woman, kg 165 58		BMI, woman, kg/m2 21,3				
Gynecological inves	t	PC	0?			Fibroids?	Other pathology?				
Size right ovary	Size left ovary	То	tal Number follicles bo	oth ovarie:		HIV test year	month and result	Hep B	test y/m and result	Hep C test y/m and result	
0	0						neg		neg	neg	
FSH value?	FSH checked 23/06/20		etreatment of woman?			Rubella test	year/month and resul		Rubella vaccination	n year/mont	

Man

IVIGIT												
Prev sperm tests, general level	Sperm test,	date	Motile sperms/ml, tube 1		Motile sperms/ml, tube 2		Volume, tube 1	Volume, tube 2	Total motile sperms		Method of preparatior	
Total motile sperms after prep	Morphology,	% norma	norma Notes, morphology					Judgement, this sp	erm test	Known o	Known cause of male subfertility	
Biopsy of testis?	FSH value, man?		FSH date, man		HIV test year/month and result		t Hep B test y/m and result		Hep C test y/m and result			
	12			22/06/2	2018		neg		neg		neg	
Smoking, man? Number cig/day		Snuffing,	man? Boxes	s/week								

Planning

Scheduled treatment, type	Scheduled treatment, year/month	Scheduled treatment, year/weeł