LUNDS IVF CENTER

Health Declaration Woman

According to the National Board of Health and Welfare's regulation (SOSFS 2009:30), a health declaration must be filled in and signed before possible assisted reproduction. The health declaration should include questions about the general state of health of the couple or woman. It shall also include questions about circumstances, events and behaviours which may present a risk of contagion or disease which may be transmitted to the child-to-be, such as travel habits, geographical origin, long stay in another country, injection abuse, accidents, vaccinations and the intake of medicinal products, and medical and non-medical interventions.

Woman's name	Social security number
Partners Name	Social security number
Address	Phone numbers you can be reached at
Marital Status Single☐ Has Partner☐	
Current occupation/occupation:	Height: ..... cm Weight: ..... kg
Where were you born (country)?	Geographical origin (where did you originate from?) :

Do you smoke? No ☐ Yes ☐ Number of cigarettes/day:

Do you sniff? No ☐ Yes ☐ Number of doses/week:

Do you drink alcohol? No ☐ Yes ☐ If yes, how much alcohol do you drink/week? .....

Strong liquor (cl) ..... Wine (cl) ..... Beer (cl) .....

Have you ever injected narcotics/drugs? No ☐ yes ☐

Are there possible hereditary diseases in your immediate family – or is there a disease that many in your family have?
No ☐ Yes ☐ If yes, which ones?

Do you have or have you had other illnesses (which prompted hospitalization or check-up visits)?

Blood clot	No ☐ Yes ☐	Abdominal or gynecological surgery	No ☐ Yes ☐
Bleeding propensity	No ☐ Yes ☐	Gynecological disease	No ☐ Yes ☐
Heart or lung disease	No ☐ Yes ☐	Kidney disease	No ☐ Yes ☐
Jaundice (hepatitis)	No ☐ Yes ☐	Depression (medically treated)	No ☐ Yes ☐
Diabetes	No ☐ Yes ☐	Thyroid Disease (Metabolism)	No ☐ Yes ☐

What's your menstrual cycle like?

☐ Regular, number of days from the start of the period to the next start of the period.....

☐ Irregular:.....

Last period? .....

Have you used ovulation tests? How did the test work out? positive ☐ negative ☐

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Are you taking medications? No ☐ Yes ☐ which?
Do you have any drug allergies? No ☐ yes ☐ against what?
Are you vaccinated against Rubella? No ☐ yes ☐ hepatitis B? No ☐ yes ☐ Have you been vaccinated in the last 6 months? No ☐ Yes ☐ Which vaccine?
When was the last Pap smear? Are you treated for cell changes (cervix conization), when?
Do you have or have you had genital diseases or genital problems? No ☐ Yes ☐ which?
Have you had any surgery? No ☐ Yes ☐ which/which?
Have you had an accident that has required hospitalization? No ☐ Yes ☐. If yes, when and what?
How long have you wished to have children?
Have you previously undergone any childlessness investigation, hormone or IVF treatment? No ☐ yes ☐ If yes, when and which clinic? When? Number of times
Have you ever been pregnant? No ☐ Yes ☐ If Yes, Child ☐ Miscarriage ☐ Abortion ☐
Do you have children? No ☐ yes ☐ If yes, number of children? Years born? Was your delivery normal?
Have you undergone medical/non-medical procedures in the last 6 months? No ☐ yes ☐
Do you have during the last three months (Enter comment, e.g. when, where) stayed abroad for more than three weeks straight? No ☐ yes ☐ .... had contact with medical care abroad? No ☐ Yes ☐ for what reason?.....
Risk behavior Anabolic steroids or drugs No ☐ Yes ☐ Have you been in a situation where there has been a risk of blood infection? No ☐ yes ☐ Have you been in a situation where there has been a risk of sexually transmitted infection? No ☐ yes ☐

By my signature, I certify that: • the information I have provided is truthful • I have had the opportunity to ask questions and received satisfactory answers.
Date and Signature