Medical History form for consultation at Victoria Fertility Centre

Please write clearly

Full Name: ______________________________________
(as on Care Card)

Date of Birth: ______________________________________
(day/month/year)

Care Card Number ______________________________________

Family Doctor ______________________________________

Home Address: ______________________________________
(include postal code)

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e mail address ______________________________________

Phone number Home______________Work______________

Cell___________________________________

If applicable : Name of your partner (as it appears on his care card)

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Please could you provide details of all your previous pregnancies.
(Please list any complications that you may have had: For example pregnancy-induced hypertension, gestational diabetes, excessive nausea and vomiting, premature delivery, postpartum depression.)

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Gynecological History

Do you have regular cycles ? Yes or no ____________________________

If you do not have a cycle every month – please explain

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How long are your cycles ? (e.g. 28 days,25 days) ______________________

How many days do you usually bleed for ______________________

Are you currently sexually active ? ______________________

What are you using for contraception. ______________________

Have you had a Pap in the last year ? _________________________________

Have you ever been treated for an abnormal Pap ? e.g. colposcopy, cryotherapy, laser, LEEP,Cone biopsy. If so, please give details and dates.

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Have You ever been treated for Herpes,chlamydia,Gonorrhoea,syphilis, genital warts or trichomonas ? If so please indicate the dates you were treated.

Have you ever had a laparoscopy or hysteroscopy ? if yes – when, by whom, and what were the findings ?

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Fertility Treatments

Have you previously been seen at a Fertility Clinic ? If so where and when.

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Can you give details of previous fertility treatments e.g. Clomid, Superovulation and IUI, IVF.

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Have you previously been a surrogate ? If so please provide details

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Past medical History

Do you have any ongoing medical problems

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Do you have any allergies ? If you do please list these.

Are you allergic to Latex Yes No

Have you ever had any surgery before. Please list below:

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Please list any medications (and vitamins) you are on (Include dosages)

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Personal History

How many years have you been with your current partner ? ____________

What is your level of education ? ______________________________

What is your Occupation ? ______________________________

Do you smoke cigarettes ? ______________________________

Do you smoke Marijuana ? _________________________

Do you drink alcohol ? If so how many drinks per week _______________

Do you drink coffee ? (how much) ______________________________

What exercise do you do ? ____________________________________

Family History

Age and health of Mother ______________________________

Age and health of Father ______________________________

List siblings by age please ______________________________

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Is there any Family history of…………

Diabetes	Yes	No
Hypertension (high BP)	Yes	No
Connective tissue disease e.g. Lupus,rheumatoid	Yes	No
Blood clots i.e. Deep vein thrombosis	Yes	No
Stroke at a young age	Yes	No
Exposure to Diethyl stilboestrol (DES)	Yes	No
Alcoholism	Yes	No
Mental illness e.g. depression,schizophrenia,OCD	Yes	No
Genetic disorders e.g.Cystic fibrosis,Polycystic Kidneys,Downs etc	Yes	No
Cancer (any forms)	Yes	No
Neurological disorders.e.g Epilepsy	Yes	No
Recurrent miscarriages	Yes	No

If yes to any of the above – please describe in detail below…..

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Review of Current Health

Height ______________________________________

Weight ______________________________________

Body Mass Index. ______________________________________

(you can calculate your body mass index by going to this website.. www.nhlbisupport.com/bmi/)

Please describe any health problems or other concerns that you currently have.

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How did you become interested in surrogacy ?

Are you aware of the current Canadian legislation ? Briefly, this prohibits the payment of surrogates for the service of been a surrogate, however does allow for compensation for expenses ?