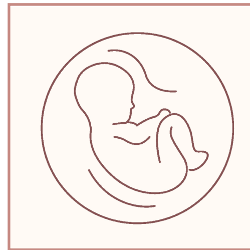
Ordination für Pränataldiagnostik
www.ultraschall-csapo.at
Schubertstrasse 16a, 8010 Graz
office@ultraschall-csapo.at
Tel: +43-676-3277-889
Fax: +43-316-231123-5988



Dr. Bence Csapó
Ordination für Pränataldiagnostik
Geburtshilflichen und
Gynäkologischen Ultraschall
www.ultraschall-csapo.at

Welcome!

The information from this questionnaire is needed for us to best counsel you.
Please fill out and present upon request!

Name, Title ________________ **Partner, Title** ________________

First name: ________________ **First name:** ________________

Insurance number: ________________ **Tel:** ________________

Address: ________________ **E-Mail:** ________________

Postcode / City: ________________

Tel: ________________

E-Mail: ________________

Gynaecologist: ________________

First day of last period: ________________ **Expected date of delivery:** ________________

Conception: ☐ Spontaneous ☐ Hormonal stimulation ☐ IVF ☐ ICSI ☐ Insemination ☐ Egg donation

In case of VIF/ICSI: Date of egg harvesting (egg aspiration): ________________ Date of embryotransfer: ________________

What is your weight? ________ **kg** **How tall are you?** ________ **cm**

Do you smoke? ☐ no ☐ yes: ______________ pcs/day **Do you consume alcohol?** ☐ no ☐ yes: _____ units/day

Are you suffering from one of the following conditions?

High blood pressure? ☐ no ☐ yes:

Diabetes? ☐ no ☐ yes ☐ Type 1 ☐ Type 2

Systemic Lupus Erythrematodes? ☐ no ☐ yes:

Antyphospholypid Syndrome? ☐ no ☐ yes:

Have you had preeclampsia* in an earlier pregnancy? ☐ no ☐ yes:

Has you mother or a sister had preeclampsia*? ☐ no ☐ yes:

Previous pregnancies (total number): ________________

Of these: live births (year/week of delivery) ________________

miscarriages: (year/week of pregnancy) ________________

Pregnancy terminations: (year) ________________

Ectopic pregnancies: ________________

*** Preeclampsia:** pregnancy toxaemia

________________ ________________