

PERSONAL INFORMATION

Date: _____

WOMAN:

Name: _____

Date of Birth: _____

Address: _____

Country: _____

Telephone: Mobile: _____

Work: _____ Profession: _____

E-mail: _____ **Used for our secure mail system**

Height: _____ cm Weight: _____ kg

Smoke: _____ per day Alcohol: _____ per week

Allergy: _____

Medication: _____

Cycle length: _____

PARTNER:

Name: _____

Date of Birth: _____

Address: _____

Country: _____

Telephone: Mobile: _____

Work: _____ Profession: _____

E-mail: _____

Height: _____ cm Weight: _____ kg

Smoke: _____ per day Alcohol: _____ per week

Allergy: _____

Medication: _____

Our privacy policy can be read on: www.maigaard.dk