Maigaard
FERTILITETSKLINIK

CONCERNING PREGNANCY AND BIRTH

Patient name and partner name _____ Patient day of Birth _____

TREATMENT:

- Ordinary IVF ☐
- Microinsemination ICSI ☐
- Frozen embryos ☐
- Insemination IUI ☐

		YES	NO
Was the pregnancy terminated by abortion		☐	☐
If yes ...	abortion before week 12	☐	☐
	abortion between week 12 and 20	☐	☐
	abortion between week 20 and 28	☐	☐
	Extrauterine pregnancy	☐	☐
Did you have an amniocentesis?		☐	☐
Did you have a placenta biopsy?		☐	☐

BIRTH:

Date of Birth _____ on _____ Hospital

The child was born in pregnancy week _____

- Labour was induced ☐
- I gave birth by Caesarean section ☐

CHILD A:

- Boy ☐
- Girl ☐
- Weight _____
- Length _____

Is the child healthy Yes ____ No____

CHILD B:

- Boy ☐
- Girl ☐
- Weight _____
- Length _____

Is the child healthy Yes ____ No____

If no, please inform us by using the back of this paper.

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