



Dear Patient,  
to give you a thorough counselling, we kindly ask you to complete the following questions.

<b>Name:</b>	
<b>Date of birth:</b>	<b>Occupation:</b>
<b>Phone home:</b>	<b>Phone mobile:</b>
<b>Name of spouse/partner:</b>	
<b>Date of birth of spouse/partner:</b>	<b>Occupation of spouse/partner:</b>
<b>Treating gynaecologist:</b>	
<b>Course of pregnancy so far:</b>	
<b>Previous illnesses /Operations:</b>	
<b>Medications:</b>	
<b>Illnesses of spouse/partner</b>	
<b>Previous pregnancies /births /diseases of children:</b>	
<b>Diseases (e.g., congenital disorders, developmental disorders, physical / mental disability, chromosomal abnormalities, hereditary diseases, thrombosis, embolism, early strokes) in your or your spouse's/partner's family:</b>	
<b>Comments and requests for the examination:</b>	

with kind regards,  
Dr. Agnes Huber & Dr. Elisa Zikulnig