

QUESTIONNAIRE for clients

Gyn Krup Inc.



Part Ia: CLIENT'S PERSONAL DATA

Surname		Date of birth	
Maiden name		Personal identification number	
Name		Insurance company	
Marital status		Telephone (mobile phone)	
Home address ZIP code		Telephone	
		E-mail	

Part Ib: HUSBAND / PARTNER / RELATIVE

Surname		Date of birth	
Name		Telephone / fax	

Part Ic: WHO CAN BE INFORMED ABOUT THE HEALTH STATUS

Surname		Password	
Name			

Part II: PERSONAL AND FAMILY HISTORY

MEDICAL HISTORY	CLIENT	FAMILY
Cardiovascular diseases		
High blood pressure		
Thrombosis, embolism, blood clotting disorders		
Breathing disorders, asthma		
Digestive disorders (stomach, gallbladder, bowel)		
Urinary tract and kidney diseases (inflammations, colic)		
Neurological disorders (migraine, epilepsy)		
Endocrinology disorders (thyroid gland)		
Diabetes		
Infectious diseases (childhood, jaundice)		
Sexually transmitted and skin diseases		
Musculoskeletal diseases, back pain		
Rheumatologic disorders		
Allergy (drugs, food, metals, pollen, dust)		
Tumours - benign, malignant		
Surgery and injuries		
Regularly used medicines		
Smoking, alcohol, drugs		

↘ Turn the sheet

Part III: GYNECOLOGICAL HISTORY

Age at the first menstruation	Cycle length / Number of days of bleeding	Bleeding intensity / Pain	First day of the last menstruation	Last cytology

Births

	Month / year	Gender of the child	Birth weight	Pregnancy duration	Labour duration	Birth process (spontaneous, forceps, caesarean section)	Breastfeeding duration
1.							
2.							
3.							
4.							
5.							

Spontaneous abortions / Abortions / Ectopic pregnancy

	Month / year	Week of pregnancy	Surgery, possible complications		Month / year	Week of pregnancy	Surgery, possible complications
1.				4.			
2.				5.			
3.				6.			

Previous gynaecological problems (cyst, fibroid, suspicious cervical finding, irregular bleeding, last cytology etc)

Reason for visiting the gynaecologist (you can mark more options)

<input type="checkbox"/> Regular annual examination
<input type="checkbox"/> Regular pregnancy care – antenatal counselling
<input type="checkbox"/> Control due to cervical finding, uterine fibroid, ovarian cyst
<input type="checkbox"/> Discharge, pain in the lower abdomen, urinary problems, irregular bleeding
<input type="checkbox"/> Difficulties with getting pregnant
<input type="checkbox"/> Counselling on contraception / emergency contraception
<input type="checkbox"/> Counselling to address menopausal problems
<input type="checkbox"/> Other

- I was informed about the prices of premium services of Gyn Krup Inc.
- I agree to receive premium services of Gyn Krup Inc.
- I agree to process my personal data by Gyn Krup Inc.

Date:

Signature:

Completed form given to: