

## To start infertility treatment program, we kindly ask you to fill application form!

### Are you interested in:

IVF/ICSI with own eggs

IUI

Postponed Maternity  
(Social egg freezing)

Egg Donation

Sperm Donation

Embryo Donation

Preimplantation genetical screening

Surrogacy

Available timeframe for staying in  
Saint-Petersburg

If you have a local gynecological  
support, please provide us with the name  
and contact details of your doctor

How would you like us to contact you?  
By e-mail?  
By phone?

### Personal information

Date of Birth

Name

Your gender

Home address

Phone number

E-mail

Nationality

Citizenship

Occupation

### Biometrical information

High (cm)

Weight ( kg)

Eye colour

Hair colour and structure

Blood type and Rh - factor

### Fertility anamnesis

The aim of application

Please describe shortly why do you apply for fertility treatment

Did you have any spontaneous pregnancies in this or previous relationships?

Do you have children? (Year of birth, weight, height, gender)

Did you have any IVF treatment before?

When?

What kind of protocol? (you may just point medicines you used)

Resulted in?

When did you have your last menstruations?

Do you take any birth control pills, hormonal replacement therapy?

Have you ever had any gynecological problems like uterine fibroids, polyps or infections?

Did you have any gynecological operations (laparoscopy, hysteroscopy etc.)?

### Somatic anamnesis

Do you have any chronic common health diseases?

Do you take any medicines on a regular base?

Did you have any surgical interventions on somatic organs?

Are you allergic to any drugs, food, pets, plants etc.?

If there are any additional comments about your health – please describe it

### Information about your partner

Date of Birth

Name

Partner's Gender

Home Address

Phone number

E-mail

Nationality

Citizenship

Occupation

### Biometrical information

High (cm)

Weight ( kg)

Eye colour

Hair colour and structure

Blood type and Rh- factor

**Information regarding partner's health**

Do you have any children in this or previous relationships?

Do you have any fertility problems?

The result of the latest sperm test (for a male partner)

Do you have any somatic health problems, operations?

If there are any additional comments about your health – please describe it

**Thank you for filling this questionnaire! Save and send it to [international@ngc.clinic](mailto:international@ngc.clinic) We will contact you soon!**