

Patient	
Category	Data
Personal Information	First and middle names
	Last name(s)
	Birth date
	Nationality
	Marital status
	Address
	Phone
	Contact email
	Height (ft, in/cm)
	Weight (lb/kg)
	Blood type
	Ethnicity
	Health Conditions & Diseases
Do you have or have you ever had following diseases, conditions or problems?	
Anemia	
Chronic skin rashes or moles that have changed in size or appearance	
Symptoms of depression such as sadness, frequent crying or anger, emotional lability	
Appendicitis	
Arthritis	
Asthma, wheezing, shortness of breath or trouble breathing	
Blood Transfusions	
Breast Milky Discharge	
Cancer (any type)	
Changes in skin tone or colour, your nails or body hair growth	
Chicken Pox	
Chronic Bronchitis	
Chronic Headaches	
Chronic joint or muscle pain or swelling	
Chronic nausea or vomiting, stomach pain, diarrhea or constipation, blood in your stool or a history of ulcers?	
Colitis	
Depression / Anxiety	
Diabetes	
Eating Disorders	
Endometriosis	
Environmental or food allergies	
Gallbladder Problems	
Heart problems, chest pain, irregular heartbeat, or mitral valve prolapse	
Hepatitis	
High Blood Pressure	
Hirsutism (Excess facial hair)	
Kidney Infections	
Liver Problems	
Medication allergies	
Migraine Headaches	
Neurological problems	
Numbness in your extremities	
Ovarian cysts	
Pneumonia / Lung Disease	
Problems with your vision (besides usual glasses), hearing, swallowing, sinuses or throat?	
Psychological treatments	
Rheumatic fever	
Rubella (German Measles)	
Scarlet fever	
Seizures	
Surgeries or/and hospitalizations	
Thyroid problems	
Tuberculosis (TB)	
Ulcers	
Urinary burning, incontinence, kidney stones or blood in your urine	
Other medical symptoms	
Have you had more than a 10-pound weight (4.5 kg) gain or loss in the past 12 months?	Influenza
Are you currently on vaccinations schedule?	Measles, Mumps, Rubella (MMR)
	Hepatitis A
	Hepatitis B
	Meningococcus
	Tetanus, diphtheria, whooping cough
	Pneumococcus
COVID-19	
Gynaecological & Fertility history	First menstrual period
	Cramps with periods
	Missed work or school due to menstrual pains
	Regular menstrual cycle
	Days between period
	Birth control method in past
	Last use of contraception
	Attempt to conceive
	Estimate of sexual frequency
	Calculation of fertile window
Pap Smear	
Tests	

	Sexually Transmitted Diseases
	Pregnancy
	Mammography/breast ultrasound
	FSH (Follicle stimulating hormone)
	LH (Luteinizing hormone)
	PRL (Prolactin)
	Estradiol
IVF tests	Spermiogram type
	Cryopreservation
	Volume (mL)
	Counts (M/mL)
	Total motility %
	Motile count (M/mL)
	Added to viscous sample (ml)
Female Hormone Tests	Embryos from previous cycle
	Embryos from current cycle
	Embryos stored total
	Transferred
	Method
	Discarded
	Embryo age
Spermiogram	Inseminated with partner
	Inseminated with donor sperm
	ICSI/IVF
	Fertilised
Embryos Transfer	Collected eggs
	Total follicles
	Eggs Maturity
Fertilisation	Endometrial thickness (in mm)
	Number of individual follicles
Eggs Retrieval	AFC (Antral Follicle Count)
Folliculometry During Stimulation	
Native Pelvic Ultrasound (AFC)	
Family History	Medical or genetic problems in Family
	Oncological diseases in Family
	Blood clotting disorders and thrombotic diseases in Family
	Psychiatric diseases in Family
	Family origins
Well-being Data	Lifestyle changes
	Well-being goals
	Job type
	Working environment
	Stress level
	Sleep length
	Sleep hygiene
	Recreational drugs
	Alcohol
	Smoke
	Smoking duration
	Ready to quit
	E-Cigarettes
	E-cigarette's duration
	Ready to quit
	Fertility tracker
	Exercise
	Exercise In week
	Special diet
	Partner's preparation for conception