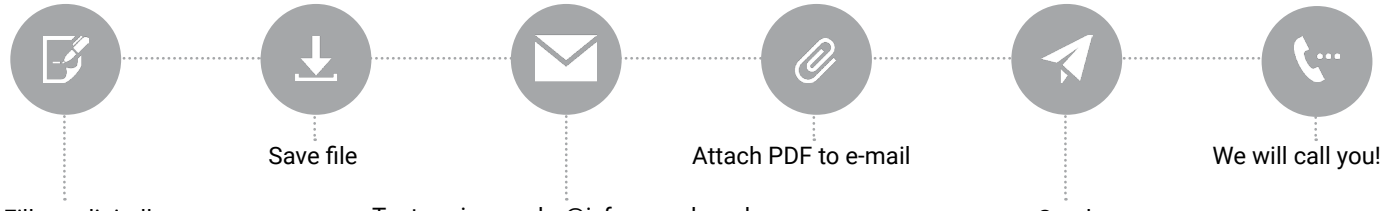
KINDERWUNSCH CENTRUM · MÜNCHEN

Appointment request for new patients

Private practice in Sendlinger Straße



Patient:

Surname	Name
Date of birth	Place of birth
Street	Street number
Postal code	City
Country	Phone number (home)
Mobile phone number	E-mail
Name of health insurance	Aid insurance ◯ no ◯ yes
Occupation	

Partner/Spouse:

Surname	Name
Date of birth	Place of birth
Street	Street number
Postal code	City
Country	Phone number (home)
Mobile phone number	E-mail
Name of health insurance	Aid insurance ◯ no ◯ yes
Occupation	

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Are you married?
◯ no ◯ yes

Do you already have children?
◯ no ◯ yes

Since when have you been trying to get pregnant? (this means: cycles with unprotected sexual intercourse)
__ __ / __ __ __ __ (month / year)

How long is your cycle? (Time from the first day of your bleeding to the begin of your next bleeding) _____ days

To better plan your appointment, please indicate below the type of appointment you are interested in:

◯ Diagnostic/Consultation/medically assisted reproduction (MAR)
◯ Diagnosed endometriosis
◯ Suspected tubal occlusion
◯ Restricted Spermiogram
◯ Social Freezing
◯ Pre-implantation diagnostics - please provide the genetic assessment
◯ Assessment of implantation failure before further medically assisted reproduction in our clinic
◯ Recurrent miscarriages (Number of confirmed pregnancy via ultrasound):
◯ Other:

Have you had any previous diagnostic tests or treatments at another fertility center?

◯ no ◯ yes, please provide further details below:

If hormone levels have been obtained, please let us know the measured levels and the date of measurement for:
AMH-Levels on : ng/ml FSH-Levels on : mIE/ml

Referring/treating OB/GYN:

Surname	Name
Street, street number	Postal code, city

Referring/treating urologist:

Surname	Name
Street, street number	Postal code, city

Interpreter:

Name	Phone number
Address	E-mail

How did you find out about us?

◯ Friends ◯ OB/GYN ◯ Urologist ◯ Internet ◯ Other: _____

Please send us the completed appointment form and we will contact you to arrange an appointment. Please use one of the contact options below (by mail, by fax, or as an attachment by e-mail). Thank you!

By submitting this appointment request form, I consent to the KCM storing the personal information provided and using it in the process of scheduling an appointment.