Speciallæge i Gynækologi & Obstetrik Lars Alling Møller

Bernstorffsvej 20 2900 Hellerup Tlf 21 95 40 40 Ydernr 210196

Please fill in:

Name: **CPR:** **Date:**

Please specify reason(s) for your consultation (set x):

Menstrual disorder	Contraceptive	Prolapse
Pelvic pain	Infertility	Early pregnancy problems
Discharge	A wish for examination	Other, please describe:

Please specify the duration of your problem (XX DAYS, WEEKS OR YEARS?):

Do you have periods?

If Not, which year did they cease? (XX-XX-20XX):

If Yes, the date of the first day in your last period (XX-XX-20XX):

If Yes, latest three months*): numbers of days in each cycli with bleeding (XX – XX DAYS):

numbers of days in each cycli with no bleeding (XX – XX DAYS):

*) Example: 2-4 days with bleeding and 20-25 days with no bleeding.

Please specify the date for your last pap smear (XX-XX-20XX):

Do you use contraceptives, if Yes which:

Do you take hormones due to menopause, If Yes which:

The numbers of pregnancies in all (0-?)

The numbers of deliveries in all (0-?) Thereof the numbers of caesarens (0-?)

Any previous pelvic surgery (NO, YES, WHICH)?

Are you allergic to any medicine (NO, YES, WHICH)?

May I exchange your data with doctors or hospitals, who are or will be involved in your course (NO, YES)?

Any additional comments?