Gynecologist Lars Alling Møller

• Bernstorffsvej 20 • 2900 Hellerup • Phone 21954040 • Ydernr. 210196

Please to fill out:

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 specify

The duration of your problem (XX DAYS, WEEKS OR YEARS)?:

The date of the first day in your last period (XX-XX-20XX):

The duration of your menstrual periods the last 3 months

(NUMBER DAYS WITH BLEEDING/NUMBER OF DAYS BETWEEN BLEEDINGS)

The numbers of your pregnancies in all (0-?)

The numbers of your deliveries in all (0-?)

Thereof 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 therapists (eg doctors or hospitals) who are or will be involved in your course (NO, YES)?

Any additional comments?