



## FAMILY HISTORY

### ● Mother and her family

Has the mother or her family had repeated miscarriages, congenital developmental defects or delayed psychomotor development, infertility, cancer or cardiovascular disease?

#### Mother

no  don't know  yes

what kind and at what age

**lives** no  yes

#### Mother's mother

no  don't know  yes

what kind and at what age

**lives** no  yes

#### Mother's father

no  don't know  yes

what kind and at what age

**lives** no  yes

#### Mother's siblings

no  don't know  yes

what kind and at what age

**lives** no  yes

### ● Father and his family

Has the father or his family had repeated miscarriages, congenital developmental defects or delayed psychomotor development, infertility, cancer or cardiovascular disease?

#### Father

no  don't know  yes

what kind and at what age

**lives** no  yes

#### Father's mother

no  don't know  yes

what kind and at what age

**lives** no  yes

#### Father's father

no  don't know  yes

what kind and at what age

**lives** no  yes

#### Father's siblings

no  don't know  yes

what kind and at what age

**lives** no  yes

### ● Siblings

Have your siblings had repeated miscarriages, congenital developmental defects or psychomotor developmental delays, infertility, cancer or cardiovascular disease?

no  don't know  yes

what kind and at what age

**lives** no  yes

### ● Children

Have your children had any congenital developmental defects, cancers, or psychomotor developmental delays?

no  don't know  yes

what kind and at what age

**lives** no  yes

## 2. PERSONAL HISTORY



### PARTNER

Name and surname

employment

birth number

health insurance

e-mail

phone

### PERSONAL HISTORY

childhood illnesses

common

others, what

current illnesses

smoking

no

yes

number of cigarettes per day

alcohol

no

yes

other addictive substances

no

yes

which

surgery (year and type)

history of parotitis (mumps)

no

yes

age

orchitis (inflammation of the testicles)

no

yes

unilateral

bilateral

age

testicular injuries

no

yes

unilateral

bilateral

age

testicular tumours

no

yes

unilateral

bilateral

age

spermiogram (year of examination and result)

permanently taken medication

health problems related to food intolerances (gluten, lactose, histamine)

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#### Mother's mother

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**lives** no  yes

#### Mother's father

no  don't know  yes

what kind and at what age

**lives** no  yes

#### Mother's siblings

no  don't know  yes

what kind and at what age

**lives** no  yes

### ● Father and his family

Has the father or his family had repeated miscarriages, congenital developmental defects or delayed psychomotor development, infertility, cancer or cardiovascular disease?

#### Father

no  don't know  yes

what kind and at what age

**lives** no  yes

#### Father's mother

no  don't know  yes

what kind and at what age

**lives** no  yes

#### Father's father

no  don't know  yes

what kind and at what age

**lives** no  yes

#### Father's siblings

no  don't know  yes

what kind and at what age

**lives** no  yes

### ● Siblings

Have your siblings had repeated miscarriages, congenital developmental defects or psychomotor developmental delays, infertility, cancer or cardiovascular disease?

no  don't know  yes

what kind and at what age

**lives** no  yes

### ● Children

Have your children had any congenital developmental defects, cancers, or psychomotor developmental delays?

no  don't know  yes

what kind and at what age

**lives** no  yes