

Living habits during present and the last 6 months

(requirements of questions from IVO, the Health & Social Care Inspectorate)

Smoking (current situation)	No / Yes, ____ cigarettes/ day	Anabolic steroids or other drugs (now and earlier in life)	No / Yes
Snus (Snuff) (current situation)	No / Yes, ____ portions/ day	Have you during the last 6 months been in a situation where you have been at risk for transmission of infections (by blood)?	No / Yes
Alcohol (current situation)	No / Yes, ____ times/ week	Have you during the last 6 months been in a situation where there was a risk for sexually transmitted disease (STD)?	No / Yes
How many sexual partners have you had during the last 6 months?			
Do you or your parents come from, or have you previously in life had an intimate relationship with a person from one of the following areas: Africa, South and Central America, the Caribbean, the small island groups in Oceania (the Solomon Islands, etc.), Romania, Iran or Japan? <input type="checkbox"/> No <input type="checkbox"/> Yes			
Have you been abroad sometime during the last 6 months? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, when and where:			
Have you during the last 12 months worked at or been in contact with a hospital abroad: <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, when and where:			
Have you during the last 6 months had a significant accident that required medical attention? No <input type="checkbox"/> Yes <input type="checkbox"/> Describe:			
Have you during the last 6 months performed non-surgical medical procedures (cosmetic procedures, tattoos, piercing, acupuncture, blood transfusions) or non medical procedures (like beauty operations)? No <input type="checkbox"/> Yes <input type="checkbox"/> , describe:			

Is there anything else you want to add?
How did you get to know about our clinic: Recommendation <input type="checkbox"/> By another clinic <input type="checkbox"/> Social media <input type="checkbox"/> Google <input type="checkbox"/> Other <input type="checkbox"/>
<input type="checkbox"/> I agree to let Göteborgs IVF klinik contact me regarding the invitation to write a review.
<input type="checkbox"/> I agree to let the clinic receive my test results from another healthcare provider.
I hereby confirm that I understand the information given about infections and diseases is vital since infections/STD also could be transmitted through biological material to the mother and child (by IVF). I have had the opportunity to ask questions and have gotten satisfactory answers to these. I hereby confirm that the information above is truthful.
Date and Signature