

Health Questionnaire for potential egg and sperm sharers/donors



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Name

Address

Date of birth

Medical history

Have you or any member of your immediate family ever had a heart attack? Yes No If YES at what age?

Is there any history of heart disease in your family? Yes No

Do you, or any of your family take medication for high blood pressure? Yes No

Is there any history of kidney disorders in your family? Yes No

Has anyone in your family been born with a cleft palate? Yes No

Does anyone in your family have any mental health issues such as bipolar disorder or schizophrenia? Yes No

Do you or anyone in your family suffer from epilepsy? Yes No

Is there any history of multiple sclerosis in your family? Yes No

Is there any history of Parkinson's disease in your family? Yes No

Do you know of any other inheritable illnesses or diseases that either you or any member of your family suffers from?

Yes No If YES please give details

Have you ever donated previously at another clinic? Yes No

Has anyone in your family had cancer? Yes No If YES please give details

Do you or anyone in your family suffer from diabetes? Yes No If YES what type?

GP consent

I confirm that I am the General Practitioner for the above named patient.

I hereby certify that I have no knowledge of any medical history that would deem them unsuitable to become a donor.

Signed Print name

Date GP official stamp