VUMI

TO BE COMPLETED BY THE APPLICANT

Section I. **Applicant** information

1. Last name(s):
2. First name:
3. Middle initial:
4. Date of birth: M M / D D / Y Y Y Y
5. Height: Meters Feet
6. Weight: Kilos Pounds
7. Blood type: Rh
8. Smoker?: Yes No
9. Cigarettes per day:
10. Since when?: Y Y Y Y
11. Until when?: Y Y Y Y

Section II. **Obstetric** history

HOW MANY OF THE FOLLOWING HAVE YOU HAD?:

1. Pregnancies:
2. Natural childbirth:
3. C-sections:
4. Abortions:
5. Preterm birth:
6. Complicated deliveries:
7. Children with perinatal complications or diseases:
8. Children with congenital diseases:
9. Please explain in detail all affirmative answers:

Section III. **Personal** medical history

HAVE YOU HAD ANY OF THE FOLLOWING CONDITIONS OR DISEASES?:

	Condition	Yes	No
1	Congenital or hereditary diseases	Yes	No
2	Diabetes, cancer, hematological disorders, cardiovascular, renal or endocrine diseases	Yes	No
3	Curettage, surgeries or biopsies of the uterus, ovaries, fallopian tubes, vagina or breasts	Yes	No
4	Gynecological tract tumors, abnormal Pap smear and/or mammogram	Yes	No
5	Infertility, menstrual disorders or endometriosis	Yes	No
6	Multiple pregnancies, eclampsia / pre-eclampsia, placenta previa, ectopic pregnancy or blood type incompatibility	Yes	No
7	Complications of childbirth or pregnancy or diseases that have not been mentioned above	Yes	No

Please explain in detail all affirmative answers (dates, diagnoses, treatment, doctor's name and contact information):

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Section IV. **Family** medical history

IS THERE A HISTORY IN YOUR FAMILY OF?:

1. Congenital diseases	Yes	No	2. Hereditary diseases	Yes	No	3. Type I diabetes	Yes	No
4. Heart disease	Yes	No	5. Multiple or complicated pregnancies	Yes	No	6. Complicated deliveries	Yes	No

7. Please explain in detail the affirmative answers:

Section V. **Attending physician's** Information

1. Last name(s):
2. First name:
3. Middle initial:
4. Address:
5. Email address:
6. Office phone: + - -
7. Cellular phone: + - -
8. Applicant's signature:
9. Date: M M / D D / Y Y Y Y

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