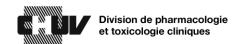




E-mail: stis@chuv.ch

Request to the STIS											
Sender (our centre a	Date of request:										
Name :											
Street :											
Phone :											
Patient (our centre a	accepts anonymous	requests	with initia	ls and year of	birth):						
Last name :			First	name :		Birth date :					
Pregnancy:			Date of	f last menstru	ıal period :	G	estational week (ultrasound):				
Gravida :	Para : Pro			ıs pregnanc	ies: Elective ab	ortion	☐ Spontaneous abortion				
Current pregnancy :	☐ Spontaneous ☐ IVF ☐ ICSI ☐ Ovarian stimulation ☐ Other ☐ Desired ☐ Unexpected and accepted ☐ Ambivalent ☐ Not desired (elective abortion planned)										
Medication to which the patient was Medication		-	sed y dose	Route of administration	Administration to**	Inc	dication				
1.											
2.											
3.											
4.											
5. Folic acid ☐ yes ☐ no ☐ ?											
* Date or duration (numb	er of days / months / y	ears) ** D	ate, duratio	on or if treatmen	is pursued : ONGOING						
Other risk factors	for this pregnan	cy:									
Alcohol consumption		☐ yes	yes		Quantity						
Tobacco use		☐ yes	☐ no	□?	Number of cigarettes/day						
Illicit drug use		☐ yes	☐ no	□?	Substances, frequency						
Hypertension		☐ yes	☐ no	□?							
Diabetes		☐ yes	☐ no	□?							
Obesity		☐ yes	☐ no	□?	Weight Height		(preconceptional)				
History of congenital anomaly		☐ yes	☐ no	□?							
Risk related to psycho-social context		☐ yes	☐ no	□?							
Other:											



Examinations/tests										
Pregnancy test :	Date	2 0	Res	ult						
Ultrasound :	Date	2 0	Res	ult						
Karyotype:	Date	2 0	Res	ult						
Other:										
Chemicals :		Duration of exposu	ure:							
	Ventilation of premises : ☐ yes ☐ no									
	Protection: gloves, glasses, coat, ventilation hood									
	Symptoms (ENT, headache):									
Breastfeeding :		Child age :	Gestationa	age at birth:	Child's weight :	Breastfeeding:				
						☐ complete ☐ partial				
Gynaecologist who will follow this pregnancy:										
Name:										
Address :	dress : Phone :									
Audiess .	THORE.									

