Dr. Katharina Rötzer-Londgin, PhD
Gartendirektorstöckl
Schönbrunn Palace, 1130 Vienna
T +43 1 876 90 91
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Questionnaire and general information for genetic counselling for couples undergoing fertility treatment

Overall, genetic causes, i.e. chromosomal changes and monogenic disorders, are responsible for around 10-20% of male and 5-10% of female fertility problems. With this counselling and examination, we want to help you find out whether such a cause could be present in your case or whether other genetic risks exist.

Please complete this questionnaire as fully as possible and return it to Dr. Katharina Rötzer-Londgin, PhD in advance with the relevant findings or bring it with you to the consultation appointment with the findings. During the genetic consultation, you will draw a family tree with Dr. Rötzer-Londgin, clarify any unanswered questions about your personal and family anamnesis, and discuss general questions from your side and the next steps. The declaration of consent for the genetic analysis and the blood sample for this will take place after the consultation (you do not need to refrain from eating for the blood sample!). Please allow sufficient time (45-60 minutes).

Questionnaire for women

Name: _____

Address: _____

Social ins. No. / date of birth: _____

Insurance: _____

Telephone number: _____

Email address: _____

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Own anamnesis:

What diseases do you have in your medical history? How old were you when you were first diagnosed and how were you treated? Do you have to take medication regularly?

Have you been diagnosed with a cause of reduced fertility (e.g. endometriosis, uterine malformations, leaking fallopian tubes)? Please enclose the findings!

Do you have any hormonal disorders? Please be sure to enclose findings!

Do you have or have you had any abnormalities in your child's development (e.g. motor skills, speech)?

Have you already had pregnancies? If yes, how often have you been pregnant and spontaneously or after artificial insemination?

Have you had miscarriages or stillbirths? In the case of miscarriages - in which week of pregnancy? Please also state the sex of the child, if known.

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When did you have your first menstrual period and when was it with your mother?

Are you already in the menopause? If so, since what age?

When did your mother go through the menopause?

Family history over at least 3 generations (up to the maternal and paternal grandparents):

To the best of your knowledge, what diseases do you have or have had in your family? Please always state who exactly is/was affected and also the approximate age at first diagnosis.

Were there any miscarriages or stillbirths and if so with whom and how many? In the case of miscarriages - in which week of pregnancy? Please also state the sex of the child, if known.

Are there any physical or mental disabilities or children with pronounced developmental delays in your family? If so, for whom and how do these manifest themselves?

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Are there hormonal disorders in your family?

Are there any other relatives who have or have had an unfulfilled desire to have children?

Are there any consanguineous marriages in your family or are you and your partner related?

Your personal data and medical history are processed and stored electronically in my practice. These data must be retained for at least 10 years and may not be deleted before that period has expired. If you do not agree to this, it is not possible to carry out a consultation in my practice. During the course of counseling and testing, treatment-relevant and personal data will be sent to you. Should your data change, I kindly ask you to take responsibility for providing your updated information.

Important: In cases of couples seeking advice regarding fertility, it is also necessary that data or medical findings of one partner may be stored in the respective medical record of the other partner.

A comprehensive explanation of all conceivable genetic disorders is not possible. Likewise, it is not possible to exclude every disease risk for you or your relatives, particularly for your children. In some cases, no statement about the probability of occurrence of a specific disease or developmental disorder (disability) can be made. Even if a low (recurrence) risk is indicated, this means that occurrence remains possible. The average frequency of genetically (co-)determined diseases and developmental disorders in newborns is approximately 4–5% (so-called baseline risk).

The main content of the counseling will be summarized for you in an easily understandable consultation letter. If you have further questions afterward or if new issues arise, you may contact me again at any time. My cooperation with other physicians is regulated by medical professional law and the Gene Technology Act (GTG). Within this framework, you can determine to what extent other physicians are to be informed.

I have read and understood the above text. I confirm that, to the best of my knowledge, all the information provided is correct and that I wish to undergo genetic counselling. I am also aware that it is not possible to exclude all genetic diseases and that the assessment may also change in the future if other diseases occur in the family, if I have to correct information or if assessment criteria are adjusted.

Place, date Signature of patient

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Questionnaire for men

Name: _____

Address: _____

Social ins. No. / date of birth: _____

Insurance: _____

Telephone number: _____

Email address: _____

Own anamnesis:

What diseases do you have in your medical history? How old were you when you were first diagnosed and how were you treated? Do you have to take medication regularly?

Are there any abnormalities in the spermiogram? Is there a suspicion of missing vas deferens? Please be sure to enclose findings, if available!

Do you have any hormonal disorders? Please be sure to enclose findings!

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Do you have or have you had any abnormalities in your child's development (e.g. motor skills, speech)?

Do you already have children and if so, from this or a previous partnership? Was the fertilization spontaneous or artificial?

Have any of your previous partners had miscarriages or stillbirths? In the case of miscarriages - in which week of pregnancy? Please also state the sex of the child, if known.

Family history over at least 3 generations (up to the maternal and paternal grandparents):

To the best of your knowledge, what diseases do you have or have had in your family? Please always state who exactly is/was affected and also the approximate age at first diagnosis.

Were there any miscarriages or stillbirths and if so with whom and how many? In the case of miscarriages - in which week of pregnancy? Please also state the sex of the child, if known.

Are there any physical or mental disabilities or children with pronounced developmental delays in your family? If so, for whom and how do these manifest themselves?

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Place, date Signature of patient