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## Charity Fertility Treatment Registration Form

### Husband's Details:

Full name: \_\_\_\_\_

Nationality: \_\_\_\_\_

Date of birth (dd / mm / yyyy): \_\_\_\_/\_\_\_\_/\_\_\_\_

Age: \_\_\_\_\_ years

Do you have any chronic or inherited diseases (please circle one): Yes / No

If yes, please describe:

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Do you have children from a previous marriage (circle one): Yes / No

If yes, how many? \_\_\_\_\_

Monthly income: \_\_\_\_\_ AED

### Wife's Details:

Full name: \_\_\_\_\_

Nationality: \_\_\_\_\_

Date of birth (dd / mm / yyyy): \_\_\_\_/\_\_\_\_/\_\_\_\_

Age: \_\_\_\_\_ years

Do you have any chronic or inherited diseases (please circle one): Yes / No

If yes, please describe:

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Do you have children from a previous marriage (circle one): Yes / No

If yes, how many? \_\_\_\_\_

Monthly income: \_\_\_\_\_ AED



**Family Details:**

Total family income: \_\_\_\_\_ AED

Are you or your husband/wife in any kind of debt including credit cards, mortgage, loans, etc (circle one): Yes / No

If yes, please describe:

\_\_\_\_\_

How long have you and your husband/wife been married: \_\_\_\_\_ years \_\_\_\_\_ months

Do you have children within this marriage (circle one): Yes / No If yes, how many? \_\_\_\_\_

Have you previously attempted IUI / IVF / ICSI (please circle one): Yes / No

If yes, please describe (where, when, how many times):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you allow us to display your photographs and story on Dr. Amal Alias Fertility & Gynaecology Center website (please circle one): Yes / No

How would you rate your family happiness level, on a scale from 1-10 (circle one):

1 2 3 4 5 6 7 8 9 10  
least middle most

Please describe the above scoring level:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Husband's Signature

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date (dd / mm / yyyy)

\_\_\_\_\_  
Wife's Signature

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date (dd / mm / yyyy)