MALE FERTILITY INFORMATION

History of fathering children:

# of children: _____ Term births: _____ Premature Births: _____ Stillbirth: _____

DATE	BIRTH: T = TERM P = PREMATURE	INFERTILITY TREATMENT	OTHER COMPLICATIONS	IS CURRENT PARTNER THE MOTHER?

Sexual history:

☐ Erectile dysfunction ☐ Premature ejaculation ☐ Genital warts/condyloma

☐ Prostatitis ☐ Testicular trauma ☐ Genital herpes

☐ Low libido ☐ Nocturnal emissions (wet dreams) ☐ Dizzy/tired after ejaculation

☐ High libido Frequency of intercourse: _____x/week/month

Other information:

☐ Varicocele (repaired☐) ☐ History of steroid use ☐ Exposure to pesticides/chemicals

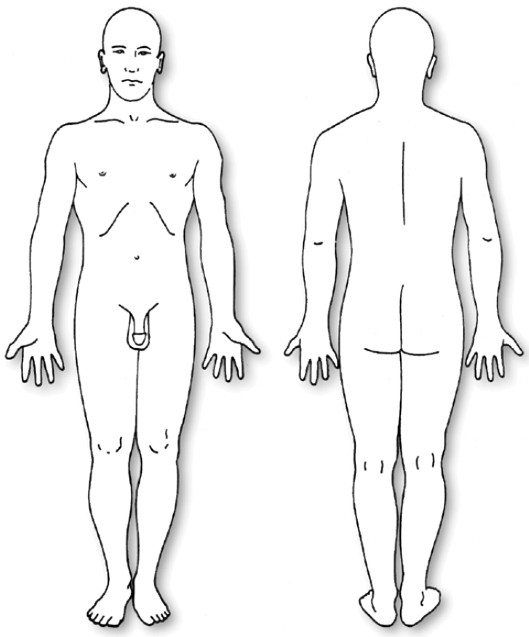
☐ Hernia (repaired☐) ☐ Cancer/chemotherapy treatment

Please indicate on diagram the areas where you are experiencing symptoms according to the key below:

O = pain
X = tingling

• = numbness
✓ = tics
➔ = pain radiates in this direction

Height: _____ Weight: _____



Please check boxes that are relevant to you pertaining to your genito-urinary conditions:

☐ Painful urination	☐ Cloudy urination	☐ Dark yellow urine	☐ Burning urination	☐ Frequent kidney infections
☐ Frequent urination	☐ Scanty urination	☐ Light yellow urine	☐ Retention of urine	☐ Urinary incontinence
☐ Copious urination	☐ Urination at night	☐ Clear urine	☐ Frequent bladder infections	

History of fertility therapy:

Which of the following tests have you had performed? Check all that apply, and list results if known.

	Date of test: (dd/mm/yyyy)	Results:
☐ Mycoplasma culture	_____/_____/_____	
☐ Chlamydia culture	_____/_____/_____	
☐ GC culture (gonorrhea)	_____/_____/_____	
☐ Rubella (German measles)	_____/_____/_____	
☐ Varicella (chicken pox)	_____/_____/_____	
☐ CMV (cytomegalovirus)	_____/_____/_____	
☐ Post-coital test	_____/_____/_____	
☐ Anti-sperm antibodies	_____/_____/_____	
☐ RPR serology (syphilis)	_____/_____/_____	
☐ Prostate exam	_____/_____/_____	
☐ Testosterone	_____/_____/_____	
☐ Post-ejaculatory urine sample	_____/_____/_____	
☐ Sperm analysis	_____/_____/_____	

Results of sperm analysis (below):

☐ Low sperm count	☐ Poor liquefaction
☐ Poor vitality	☐ Poor progression
☐ High pH ☐ Low pH	☐ Poor sperm morphology
☐ White blood cells in semen	☐ Red blood cells in semen
☐ Low volume of semen	☐ Poor motility

Have you ever undergone IUI? ☐ Yes ☐ No (If yes, ☐ your sperm ☐ partner's egg ☐ donor egg

# of IUI's _____ Dates: _____