

FERTILITY HISTORY-MAN

CONFIDENTIAL

NAME LAST, FIRST, MIDDLE _____

DATE _____

How long have you and your partner been trying to conceive? _____

How would you define your sexual energy? Below normal Normal

Do you have an undescended testes? _____ Yes No

Have you ever been diagnosed with a varicocele? _____ Yes No

Have you had any urologic surgeries? _____ Yes No

Have you experienced difficulty maintaining erection? _____ Yes No

Have you experienced difficulty ejaculating? _____ Yes No

Have you had exposure to any known environmental toxins or hormones? _____ Yes No

Have you experienced any penile discharge? _____ Yes No

Do you regularly experience nocturnal emission? _____ Yes No

Have you had a fertility workup? _____ Yes No

If yes, what was your sperm count? Below normal Normal Number _____

What was the sperm motility? Below normal Normal Notes _____

What was the sperm morphology? Abnormal Normal Notes _____

COMMENTS/NOTES: _____