

# Questions for Men

CONFIDENTIAL

## Male Fertility History

- Do you have undescended testes? [ ]Yes [ ]No
- Have you ever been diagnosed with varicocele? [ ]Yes [ ]No
- Have you had any urologic surgeries? [ ]Yes [ ]No
- Have you experienced difficulty maintaining an erection? [ ]Yes [ ]No
- Have you experienced difficulty ejaculating? [ ]Yes [ ]No
- Have you had exposure to any known environmental toxins or hormones? [ ]Yes [ ]No
- Do you experience penile discharge? [ ]Yes [ ]No
- Do you regularly experience nocturnal emission? [ ]Yes [ ]No
- Are you currently taking steroids, antiepileptic drugs, testosterone, or SSRI's? [ ]Yes [ ]No
- Do you have a history of radiation or chemotherapy treatment for any medical conditions? [ ]Yes [ ]No
- Have you ever had mumps? [ ]Yes [ ]No
- Do you have a stressful occupation? [ ]Yes [ ]No
- Do you or have you ever had any STD's? [ ]Yes [ ]No
- If yes, what kind? \_\_\_\_\_
- Have you ever had any trauma or torsion to your testicular region? [ ]Yes [ ]No
- Have you had a fertility work-up? [ ]Yes [ ]No
- If yes, what was your sperm count? [ ]Below Normal [ ]Normal Number \_\_\_\_\_
- What was the sperm motility? [ ]Below Normal [ ]Normal Number \_\_\_\_\_
- What was the morphology? [ ]Abnormal [ ]Normal Number \_\_\_\_\_
- When were these tests taken? \_\_\_\_\_

## Patient Signature

*The information provided on this form is true to the best of my knowledge.*

Patient Signature \_\_\_\_\_ Date \_\_\_\_\_