

Fertility History – Male

Confidential

Please complete this form as accurately as you can. All the information will be kept confidential.

Name: _____

Today's Date: _____ Date of birth: _____
(MM/DD/YY) (MM/DD/YY)

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

How would you define your sexual energy? Below Normal Normal

Do you or did you have an undescended testis? Yes No

Have you ever been diagnosed with a varicocele? Yes No

Have you ever 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

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? Below Normal Normal Notes: _____

Comments/notes: