Men's Fertility History

CONFIDENTIAL

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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

	YES	**NO**
Do you have an undescended testes?		
Have you ever been diagnosed with a varicocele?		
Have you had any urologic surgeries?		
Have you experienced difficulty maintaining erection?		
Have you experienced difficulty ejaculating?		
Have you had exposure to any known environmental toxins or hormones?		
Have you experienced any penile discharge?		
Do you regularly experience nocturnal emission?		
Have you had a fertility workup?		

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