

Men's Fertility History

Name _____ Age _____

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?	<input type="checkbox"/>	<input type="checkbox"/>

Have you ever been diagnosed with a varicocele?	<input type="checkbox"/>	<input type="checkbox"/>
---	--------------------------	--------------------------

Have you ever had any urologic surgeries?	<input type="checkbox"/>	<input type="checkbox"/>
---	--------------------------	--------------------------

Have you ever experienced difficulty ejaculating?	<input type="checkbox"/>	<input type="checkbox"/>
---	--------------------------	--------------------------

Have you had exposure to any known environmental toxins or hormones?	<input type="checkbox"/>	<input type="checkbox"/>
--	--------------------------	--------------------------

Have you experienced penial discharge?	<input type="checkbox"/>	<input type="checkbox"/>
--	--------------------------	--------------------------

Do you regularly experience nocturnal discharge?	<input type="checkbox"/>	<input type="checkbox"/>
--	--------------------------	--------------------------

Have you had a fertility workup?	<input type="checkbox"/>	<input type="checkbox"/>
--	--------------------------	--------------------------

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

What was the sperm motility? Below normal Normal

What was the sperm morphology? Below normal Normal

Comments/Notes: