Male Fertility Intake Form

Patient Name:_____ Age: _____ Date: _____

Your partner's name: _____ Age: _____

How long have you been trying to conceive? _____ Have you initiated any pregnancies? ☐Yes ☐No

Number of pregnancies with current partner _____ When was the most recent pregnancy? _____

Date of last prostate check-up _____ PSA results _____ Manual prostate exam results _____

Do you experience any of the following symptoms?

☐ Prostate problems	☐ Decreased libido	☐ Penile discharge
☐ Delayed stream	☐ Impotence	☐ Testicular pain
☐ Dribbling urination	☐ Erectile dysfunction	☐ Testicular swelling
☐ Urine retention	☐ Difficulty ejaculating	☐ Groin pain
☐ Incontinence	☐ Premature ejaculation	☐ Rectal pain
☐ Increased libido	☐ Nocturnal emissions	Other _____

Have you been evaluated by an urologist? ☐Yes ☐No Name of your urologist: _____

Have you had a western medical diagnosis relating to infertility? If so, what was it? _____

Have you had a fertility work-up done? ☐Yes ☐No Date: _____

Please provide the semen analysis results

Semen analysis parameters	Below normal	Normal	**Results**	**Values**
Volume	☐	☐	_____	ml
Sperm concentration	☐	☐	_____	Million cell / ml
Motility	☐	☐	_____	%
Morphology	☐	☐	_____	% norm forms
Vitality	☐	☐	_____	%

What was the sperm Ph? _____

Have you ever had any of the following tests or surgical procedures?

	Tests / Procedures	**Date**	**Results**	**Comments**
Blood Tests				
	Testesterone			
	TSH			
	Antisperm antidodies			
	DQ alpha			
Surgeries	Vasectomy			
	Vasectomy reversal			
	Testicular biopsy			
	Varicocele ligation			
	Hernia repair			
	Undescended testicle			
	Testicle removal			
	Other:			

How often do you have intercourse? How many times a week / month _____

Do you smoke? ☐ Yes ☐ No How many of cigarettes / packs a day _____

Do you drink alcohol? ☐ Yes ☐ No How many drinks a day / week _____

Do you use a hot tub? ☐ Yes ☐ No How many times a week _____

Do you cycle regularly? ☐ Yes ☐ No How many times a week / month _____

Have you been exposed to environmental toxins or hormones? If so, which ones? _____

Any other issues you'd like to us know about? _____