

### Men's Fertility History

Name: \_\_\_\_\_

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

How would you describe your sexual energy?

- Below Normal                       Normal

Do you have undescended testes?  Yes  No

Have you ever been diagnosed with a 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

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, answer the following questions and any comments:

What was your sperm count?\_\_\_\_\_

- Below normal                       Normal

Comments:\_\_\_\_\_

What was the sperm motility?\_\_\_\_\_

- Below normal                       Normal

Comments:\_\_\_\_\_

What was the sperm morphology?\_\_\_\_\_

- Below normal                       Normal

Comments:\_\_\_\_\_

What was the liquefaction?\_\_\_\_\_

- Abnormal                               Normal

Comments:\_\_\_\_\_

Anything else you'd like me to know?\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_