

# Men's Fertility History

Confidential

Name of Infertility Physician: \_\_\_\_\_

Phone Number of physician: \_\_\_\_\_

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

How would you define your sexual energy?  Low  Moderate  High

Do you have undescended testicles?  Yes  No

Have you ever been diagnosed with a varicocele?  Yes  No

Have you had any urologic surgeries?  Yes  No

Have you experienced any difficulty maintaining an erection?  Yes  No

Have you experienced any difficulty ejaculating?  Yes  No

Have you been exposed to any known environmental toxins or hormones?  Yes  No

Have you experienced any penile discharge?  Yes  No

Do you regularly experience nocturnal emissions?  Yes  No

Have you had a fertility workup?  Yes  No

If yes, when? \_\_\_\_\_

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**