

**MALE HISTORY:**

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

Occupation: \_\_\_\_\_

Do you have any medical problems? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you had any surgeries? Yes \_\_\_\_\_ No \_\_\_\_\_

Any family history of any major illnesses? \_\_\_\_\_

Have you initiated any pregnancies in the past? # \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_

Number with current partner? \_\_\_\_\_

When was the most recent pregnancy? \_\_\_\_\_

Have you been evaluated by a Urologist? Yes \_\_\_\_\_ No \_\_\_\_\_

Diagnosis: \_\_\_\_\_

Have you ever had a semen analysis? Yes \_\_\_\_\_ No \_\_\_\_\_

Result: Date: \_\_\_\_\_

Volume (ml or cc): \_\_\_\_\_

Count (million/ml): \_\_\_\_\_

Motility (% moving sperm): \_\_\_\_\_

Morphology (% normal forms): \_\_\_\_\_ (Kruger's or WHO Criteria?)

Are you allergic to any medications? Yes \_\_\_\_\_ No \_\_\_\_\_

Medication: \_\_\_\_\_ Reaction: \_\_\_\_\_

Are you taking any medications? Yes \_\_\_\_\_ No \_\_\_\_\_

Medication: \_\_\_\_\_ Dose: \_\_\_\_\_ Frequency: \_\_\_\_\_

Do you use Tobacco? Yes \_\_\_\_\_ No \_\_\_\_\_ #Packs/day \_\_\_\_\_

Do you use Alcohol? Yes \_\_\_\_\_ No \_\_\_\_\_ #Drinks/wk \_\_\_\_\_

Have you ever used drugs? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you use a hot tub or wear tight underwear? Yes \_\_\_\_\_ No \_\_\_\_\_ #Times/wk \_\_\_\_\_

Weight: \_\_\_\_\_ Height: \_\_\_\_\_

Have you had any of the following tests or procedures?

Test/ Procedure	Date	Result	Comment
<b>Male Blood Tests</b>			
FSH			
LH			
Testosterone			
TSH			
Antisperm antibodies			
DQ Alpha or HLA			
<b>Semen Tests</b>			
Hamster egg penetration			
Fructose			
Semen culture			
<b>Surgery</b>			
Vasectomy			
Vasectomy reversal			
Testicular biopsy			
Varicocele surgery			
Hernia repair			
Undescended testicle			
Removal of testicle(s)			
Other			