Men's Fertility History

CONFIDENTIAL

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NAME (LAST, FIRST, MIDDLE)	DATE

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?	☐	☐
Have you ever been diagnosed with a varicocele?	☐	☐
Have you had any urologic surgeries?	☐	☐
Have you experienced difficulty maintaining erection?	☐	☐
Have you experienced difficulty ejaculating?	☐	☐
Have you had exposure to any known environmental toxins or hormones?	☐	☐
Have you experienced any penile discharge?	☐	☐
Do you regularly experience nocturnal emission?	☐	☐
Have you had a fertility workup?	☐	☐

If yes, 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