

## MALE INFERTILITY FORM

DATE\_\_\_\_\_

NAME\_\_\_\_\_ AGE \_\_\_\_\_ BIRTHDATE\_\_\_\_\_

SPOUSE'S NAME\_\_\_\_\_

**About 15% of marriages are childless. Many men have problems leading to infertility. We must ask some very personal questions so that we can help you. If you are uncertain about the questions leave them blank and talk to us.**

How long have you been married? [ ] years

Have you or your wife been previously married? YES NO If yes, any children?

Has your wife every been pregnant? YES NO

Has your wife ever had any miscarriages? YES NO

If you had children, when were they born?

How often do you have intercourse? \_\_\_\_\_times per week.

Have you (or your wife) used birth control methods? YES NO

Method use: foam, pill, condom ,other \_\_\_\_\_how long?

How long have you been attempting pregnancy? \_\_\_\_\_

Do you use any lubrication for intercourse? YES NO

Does your wife douche after intercourse? YES NO

Does your wife have "female" problems of any kind? YES NO If yes, what problems are there?

Have you ever had problems with your testicles? YES NO

HAVE YOU EVER HAD: Mumps? YES NO At what age?\_\_\_\_

Urinary tract or kidney infections? YES NO

Nipple or breast enlargement (gynecomastia) YES NO

Have you had testicular surgery? YES NO

Testicle Injury? YES NO

Testicular swelling? YES NO

Have you had any catheters or instruments put into your bladder? YES NO

Do you shave daily? YES NO If not daily how often? \_\_\_\_\_

Do you take hot baths or saunas? YES NO

Are you exposed to Chemicals or toxins at work or home? YES NO Radiation? YES NO

Do you wear boxer shorts? YES NO

Discuss "street drug" use with your doctor.

Do you smoke? YES NO

Do you use aspirin? YES NO

Is there a brother or uncle with a fertility problem? YES NO

Have you seen another doctor or been treated for infertility? YES NO