



Male Fertility Questionnaire

Name (Last, First) _____ Age _____ Date _____

Western Diagnosis

Name of your Fertility Specialist _____ Start Date: Mo/Yr _____

1. Results for Semen Analysis:

Date _____ Count _____ Morphology _____ Motility _____ Volume _____

Date _____ Count _____ Morphology _____ Motility _____ Volume _____

2. Do we have a copy of your Semen Analysis? Y / N

3. Please list the date if you have had any of the following procedures:

Varicocele	Vasectomy	Vasectomy Reversal	SCSA/ASA	Other:

4. Please list Medications/Supplements/Vitamins you are currently taking?

5. Plans for ART:

IUI Clomid IVF PGD Donor Egg Surrogate Other _____

6. Have you fathered children Y / N If so, how many _____

7. Please circle all that apply to your **PAST** medical history:

Infection Chlamydia Erectile Dysfunction Ejaculation Problems Retrograde Ejaculation Prostate Cancer

BPH Anti-sperm Antibodies Sperm Chromatid /DNA Integrity High Cholesterol Diabetes

Other _____

8. Please circle all that apply to your **CURRENT** medical condition:

Infection Chlamydia Erectile Dysfunction Ejaculation Problems Retrograde Ejaculation Prostate

Cancer BPH Anti-sperm Antibodies Sperm Chromatid /DNA Integrity High Cholesterol Diabetes

Other _____

9. Is your Spouse currently being treated by us? Y / N

10. Spouse's Name _____

11. Western Diagnosis of Spouse _____