

Man's Fertility History

Name: _____

How long have you been trying to conceive? _____

How would you describe your sexual energy?

Below Normal Normal

Do you have undescended testes? No Yes

Have you ever been diagnosed with a varicocele? No Yes

Have you had any urologic surgeries? No Yes

Have you experienced difficulty maintaining an erection? No Yes

Have you experienced difficulty ejaculating? No Yes

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

Have you experienced any penile discharge? No Yes

Do you regularly experience nocturnal emission? No Yes

Have you had a fertility work-up? No Yes

If yes, please answer the following questions and comment:

What was your sperm count?

Normal Below normal

Comments: _____

What was your sperm motility?

Normal Below normal

Comments: _____

What was your sperm morphology?

Normal Below normal

Comments: _____

What was your liquefaction?

Normal Below normal

Comments: _____

Anything else you'd like me to know? _____
