

Male Fertility Patients

Who is your Urologist: _____

Have you had a semen analysis? yes no If yes, when? _____

Volume Normal Other _____

Count Normal Other _____

Morphology Normal Other _____

Motility Normal Other _____

Have any members of your family had any of the following:

- autoimmune diseases fertility issues clotting disorders obesity
- thyroid conditions prostate issues osteoporosis diabetes

Did your mother take any drug to prevent miscarriage while pregnant with you? _____

If yes, which one? _____

Check if you've ever had any of the following:

- sexually transmitted diseases autoimmune diseases
- erectile dysfunction hyper or hypothyroidism
- varicocele testicle that was late descending

Do you have a history of trauma, sports injuries, etc.? yes no

Do you have any difficulty reaching orgasm? yes no

Check if you've ever taken any of the following drugs:

- Anti-depressants Antiepileptic Steroids Testosterone
- Sulfasalazine or Azulfidine - for Colitis or Crohn's Disease Chemotherapy

Which tests have you had:

- Blood test for FSH/LH/Prolactin Myco- & ureaplasmas
- Antisperm antibodies Chlamydia
- Sperm DNA Integrity Assay (SDIA)

Check if you've had any of the following procedures: Age

- Vasectomy reversal _____
- Varicocele repair _____

Both Partners:

Check the following assisted reproductive procedures you've had and list the dates:

- Stimulated cycle _____
- Stimulated IUI _____
- Non-stimulated IUI _____
- IVF _____
- GIFT _____
- ZIFT _____

What is your current plan for fertility treatment? _____

Would you consider using donor eggs or sperm? yes no A surrogate? yes no

Female Fertility Patients

Who is your Gynecologist: _____

Reproductive Endocrinologist: _____

Have you been pregnant before? yes no How many live births? _____

How long have the two of you been trying to conceive? _____

Have any members of your family had any of the following:

- autoimmune diseases fertility issues obesity
- thyroid conditions breast cancer osteoporosis
- diabetes ovarian cancer clotting disorders

Did your mother take any drug to prevent miscarriage while pregnant with you? _____

If yes, which one? _____

Check if you've ever had any of the following:

- sexually transmitted diseases autoimmune diseases fibroids
- pelvic inflammatory diseases hyper or hypothyroidism endometriosis
- abnormal pap smears anemia PCOS

- Do you notice changes in your cervical mucus? yes no
- Are you well lubricated during sexual intercourse? yes no
- Do you experience any pain during sexual intercourse? yes no
- Do you have any difficulty reaching orgasm? yes no
- Do you have a history of sexual abuse or assault? yes no

Which tests have you had:

- 2nd or 3rd day blood test for FSH/E2/Prolactin
- Luteal Phase Progesterone
- ANA antibodies
- Antisperm antibodies
- Blood test for clotting disorders
- Myco- & ureaplasmas
- Chlamydia

Check any of the following procedures you've had: Age

- D & C _____
- LEEP procedure _____
- Cervical conization _____
- Endometrial biopsy _____
- Hysterosalpingography (HSG) _____
- Laparoscopy _____
- Pregnancy termination _____

Please list any abdominal surgeries:

Age
