**New Patient Fertility History Intake: Male**

**Please be sure to also complete the general New Patient Intake...this form is *in addition to*, for fertility related health information only**

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Have you had a sperm analysis? Y N
2. If yes, how long ago, and how many times? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. What were the results of the analysis? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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If it revealed subfertility/infertility, please bring the results along to your first visit, or have them electronically sent to my office before or as soon as possible after your first visit.

1. Have you had a basic blood workup since trying to start a family? Y N

If so, please bring the results along to your first visit, or have them electronically sent to my office before or as soon as possible after your first visit.

1. If not, when was the last time you had a basic blood panel, which included hormone levels?

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1. Have you ever impregnated a woman? Y N
2. If yes, how many times, and how long ago? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Have you ever been diagnosed with anti-sperm antibodies? Y N
4. Have you had a vasectomy? Y N
5. If yes, date, and how long ago was it reversed? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
6. Have you ever been diagnosed with varicocele? Y N
7. If yes, date?
8. Do you work around industrial toxins such as paints, chemicals, etc? Y N
9. How would you rate your libido/satisfaction with your sexuality? 1-10 (1=no function at all, 10=Could not be better)\_\_\_\_\_\_\_
10. If low, has your libido declined more than what feels normal to you for your age? Y N
11. If low, is it more of a functional issue, or time/stress/relationship/emotional, etc. factors? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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c. What would need to change to increase your satisfaction with your sexuality? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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1. Do you wake with a morning erection? Y N

If yes (please circle): daily most days some days rarely never

1. How would you rate your stress levels? 1-10 (1=almost none, 10=breakdown) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_