West Coast
Women's Reproductive Center
Together, we'll find a way.

4835 Van Nuys Blvd. Suite 200 Sherman Oaks, CA 91403 | ph 818-986-1648 | fax 818-986-1653 | WomensReproduction.com

FOR MALE PARTNERS:

Name:_____
Age:_____ DOB_____ Years together:____
Duration of Infertility_____
Occupation:_____
Conceptions (full term, preterm, miscarriage or abortion)_____

Medicines:_____
_____
Alcohol per month:_____
Tobacco per day:_____
Marijuana per week:_____
Other: _____

PERSONAL MEDICAL HISTORY	***Yes***	***No***
Were both testes (balls) descended into the scrotom (sac)		
At what age did puberty start:		
When did you start shaving?		
Have you ever had:		
Mumps in your testes		
Tuberculosis		
Sexually transmitted disease		
Prostatitis		
Epididymitis		
Diabetes		
Heart disease		
Kidney disease		
Radiation therapy		
Cystic fibrosis		
Testes infection		
Testes injury		
Testes tumor		
Cystic fibrosis		
Muscular Dystrophy		
Cancer		
Varicocoele		
Have you had SURGERY before?		
Pelvic or retroperitoneal surgery		
Hernia		
Varicocoele		
Kidney stone surgery		
Vasectomy or vas reversal		
Surgery on your nervous system		
Penis surgery		
Prostate surgery		
Other		

Social Sexual History	***YES***	***NO***
Were you previously married?		
Do you have children?		
Did you have any other pregnancies?		
Was your partner married before		
Does she have children		
Average # ejaculations per week		
Do you have pain w sex		
Do you have trouble w erections		
Do you have trouble w ejaculations		
Do you use lubrication w sex		
Does your partner douche after sex		
Does your partner usually get out of bed soon after intercourse		
Has your partner been evaluated for infertility?		
Findings:		
Have you had a previous semen analysis (sperm count)? Was it normal/abnormal?		

Have you had a high fever in the last 3 months		
Have you been under more stress?		
Do you take prolonged hot baths, saunas, Jacuzzis or bikram yoga?		
Do you exercise?		
Are you stressed?		
Do you eat fruits and vegetables?		
Do you eat a lot of fast food or processed food?		
Do you have a family history of infertility?		