



**MALE INFERTILITY
PATIENT QUESTIONNAIRE
UROLOGIC CLINICS OF NORTH ALABAMA**

Name: _____ Age: _____ Race: _____

Occupation: _____ Referred by: _____

Reproductive History:

1. Do you have any children? Yes/ No, If yes how many ____ Ages _____
2. Duration of unprotected intercourse? _____
3. How old is your partner? _____ yrs
4. Does your partner have any children? Yes/ No
5. Has your partner had any miscarriages/abortions? Yes/ No,
If yes, detail _____
6. Has your partner been evaluated for this problem? Yes/ No,
If yes, results _____

Sexual History:

1. Timing/ frequency of intercourse? _____
2. Problems with erections? If yes detail _____
3. Problems with ejaculations? _____
4. Use of lubricants? Yes/ No, If yes name _____

Developmental History:

1. Onset of Puberty _____
2. Age when you started shaving. _____ Do you shave everyday? Yes/ No
3. Any delay in development? Yes/ No, If yes detail _____

Doctor's Initials

Medical History:

1. Any childhood illnesses? (Circle any that apply) None_____
- a. Mumps
 - b. undescended testes
 - c. torsion
 - d. trauma
 - e. hypospadias
 - f. orchitis
 - g. other _____

Notes _____

2. Any other illnesses? (Circle all that apply) None_____
- a. prolonged fever
 - b. diabetes
 - c. lung problems
 - d. kidney problem
 - e. other _____

Notes _____

3. Medications: (Circle all that apply) None_____
- Have you ever been on
- a. sulfasalazine
 - b. cimetidine
 - c. steroids
 - d. nitrofurantoin
 - e. nifedipine
 - f. Flomax/Cardura/Hytrin

Notes _____

Please list all the medications you are on,
including over the counter and herbal medications. None_____

Drug	Dosage MgsXtimes/day	Reason/condition for which You are taking it?

4. Exposure history:
- a. Environmental
 - a. Thermal
 - b. Chemical
 - d. Radiation therapy
 - e. Chemotherapy
 - f. Growth hormone/ Steroids

Notes _____

Doctor's Initials

Surgical History:

Have you had any surgeries? None_____

- a. Hernia
- b. Hydrocele
- c. Vasectomy
- d. Hypospadias repair
- e. orchiopexy
- f. Varicocelelectomy
- g. Repair of torsion
- h. epididymal surgery
- i. Testicular biopsy

Notes _____

List all other surgeries and their complications if any:

Year	Operation	Complications

Personal History: *(Please circle one)*

- 1. Do you or have you ever smoked? Yes / No
If yes, # of pkts_____# of yrs_____
 - 2. Do you or have you ever had alcohol? Yes/ No
If yes, amount_____# of yrs_____
 - 3. Do you or have you ever used recreational drugs?
a. marihauna b. cocaine. c. other_____
- Notes_____
- 4. Any dietary excesses? Yes/No If yes what_____

Any additional comments_____

Patient Signature:_____ Dated_____

Doctor's Initials

Name: _____ Age: _____

Urinalysis:

Leukocytes: _____ Nitrite: _____ Urobilinogen _____ Protein: _____ Blood: _____ Sp.Gravity: _____ pH: _____
Ketone: _____ Bilirubin: _____ Glucose: _____ WBC: _____ RBC: _____ Yeast: _____ Bacteria: _____
Ep.Cells: _____ Crystals: _____ Casts: _____ Other: _____

Physical Examination

1. General (J means normal) BP: _____ Pulse: _____ RR: _____
Temp: _____ Height: _____ Weight: _____
a. Nutrition _____ b. body habitus _____ c. Hair distribution _____
d. gynecomastia _____ e. secondary sexual characters _____

2. Genital Exam: Tanner Grade _____ / V

a. Testis Size (L) _____ (R) _____
Consistency (L) _____ (R) _____
Position (L) _____ (R) _____
Epididymis (L) _____ (R) _____

b. Phallus Urethral opening _____ Plaques _____ Size _____
Circumsized _____

c. Cord: Varicocele (L) _____ (R) _____
Vas (L) _____ (R) _____

d. DRE: Prostate Size _____ g, Nodules _____
Consistency _____

Semen Analysis: Has a semen analysis been done? If yes results.

Sperm count: _____ million/cc
Motility: _____
Morphology: _____
WBCs _____

Notes: _____

Impression: 1. _____ 2. _____

Plan: 1. Repeat Semen Analysis
2. _____ 3. _____

Signed _____ Date: _____
(Amit Chakrabarty, M.D.)