



POUNDBURY FERTILITY

MALE QUESTIONNAIRE

DATE

(All information disclosed herein is confidential and will not be shared with other parties unless consent is given by the client named below)

NAME:

PARTNER'S NAME:

D.O.B:

AGE:

DOB:

AGE:

MEDICAL HISTORY

Have you ever had any of the following?

If "yes" please provide further details

Undescended testicle	YES / NO
Surgery for hernia	YES / NO
Surgery for prostate enlargement	YES / NO
Surgery for twisted testicle (torsion)	YES / NO
Testicular tumour	YES / NO
Accident involving your genitalia	YES / NO
Varicocele - swelling of veins in testicle	YES / NO
Diagnosed sexually transmitted disease	YES/ NO
Inflammation of the testicle or epididymis	YES / NO
Mumps (age)	YES / NO
Cystoscopy	YES / NO



Vasectomy reversal YES / NO

Previous radiotherapy YES / NO

Previous chemotherapy YES / NO

SEXUAL HISTORY

Do you have sexual intercourse? YES / NO

Do you have any problems with sex?
If "yes" please indicate YES / NO

Are you able to produce a semen sample by masturbation? YES / NO

Have you ever had a semen test?
If yes, when & where YES / NO

Do we have your consent to obtain the results? YES / NO

Do you have any children with a previous partner? YES / NO

GENERAL HEALTH

What is your occupation?

Do you travel away alot? YES / NO

Have you had any serious illnesses in the past?
If yes, please give details YES / NO



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Have you had any operations in the past? YES / NO
If yes, please give details

Are you on long term medication? YES / NO
If yes, please give details

Do you smoke? YES / NO
If yes, how many cigarettes a day?

Do you drink? YES / NO
If yes, how many units a week?

Do you take any recreational drugs? YES / NO
If "yes" what do you use?

Do you have any inherited conditions? YES / NO
If yes, please give details

COMPLEMENTARY THERAPIES

Have you ever used any form of complementary therapy? YES / NO
If yes, what and when?

If yes, please give names of practitioners



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Do we have your consent to contact practitioners?

YES / NO

Please make a list below of any questions you would like answered at your consultation below

Thank you for taking the time to complete this form