

# Male Fertility & Sexual Medicine Specialists

## Fertility Questionnaire

Your name: \_\_\_\_\_ Age: \_\_\_\_\_  
Years trying to conceive: \_\_\_\_\_ # of Pregs/Children this marriage: \_\_\_\_\_ / miscarriages: \_\_\_\_\_  
Patient's Occupation: \_\_\_\_\_ Years married: \_\_\_\_\_  
Spouse / Sig. Other's full name: \_\_\_\_\_ Spouse/ S.O. occupation: \_\_\_\_\_  
Sig. Other's Age: \_\_\_\_\_ Any difficulty conceiving? \_\_\_\_\_  
Pregnancies prior to this marriage:  
Husband: \_\_\_\_\_ Difficulty: \_\_\_\_\_  
Wife / Sig. Other: \_\_\_\_\_ Difficulty: \_\_\_\_\_

**Referred to Dr. Bastuba by:**  Internet / Website  Phone Bk  Advertisement  
**\*VERY IMPORTANT\***  Friend  Another Dr. / Other: \_\_\_\_\_

### Childhood Illnesses

*Do you have a history of any of the following?*

Undescended Testicle	Yes	No
Surgery for above	Yes	No
Injury to Testicle	Yes	No
Postpubertal mumps or orchitis	Yes	No
Early puberty (<12 yrs old)	Yes	No
Late puberty (>16 yrs old)	Yes	No
Operative Correction of bladder (Y-V Plasty)	Yes	No
Congenital abnormality of the reproductive system (e.g. hypospadias)	Yes	No
Abnormal sexual development	Yes	No

### Reproductive Tract Abnormalities and Surgical History

*Do you have a history of any of the following?*

Varicocele Repair	Yes	No
Vasectomy (If so, date: _____)	Yes	No
Vasectomy Reversal (If so, date: _____)	Yes	No
Bladder/ Prostate surgery (If so, date: _____)	Yes	No
Groin / Scrotal Pain	Yes	No
Hernia Repair / w/mesh _____ w/o mesh _____	Yes	No
Venereal Disease	Yes	No
Retrograde ejaculation	Yes	No
Prostatitis (Prostate Infection)	Yes	No
Epididymitis	Yes	No
Urinary Tract Infections	Yes	No
Any problems obtaining an erection	Yes	No
Any problems with ejaculation	Yes	No
Endocrine dysfunction (Low testosterone / Thyroid, etc.)	Yes	No
Other problems or types of surgery (list): _____	Yes	No

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Exposure to Environmental Toxins

*Have you been exposed to any of the following?*

Heat in past 6 mos. (occupational or recreational, e.g. Jacuzzis / Hot tub)	Yes	No
High Fevers in past 6 mos. (Flu, etc.)	Yes	No
Ionizing radiation	Yes	No
Chemicals (e.g. pesticides or organic solvents; more significant than just around the house)	Yes	No

## Medications

*Are you taking any of the following medication?*

Sulfasalazine (inflammatory bowel disease)	Yes	No
Cimetidine / Tagamet (stomach ulcers)	Yes	No
Cholesterol synthesis inhibitors (e.g. Zocor, Pravachol)	Yes	No
Calcium ion channel blockers (Diltiazem, Nifedipine, Verapamil)	Yes	No
Antiandrogens (e.g. Spirolactonek Propecia, Rogaine)	Yes	No
Cyclophosphamide (malignancies)	Yes	No
Amiodaron (antiarrhythmic)	Yes	No
Antidepressants	Yes	No
Androgenic steroids (Testosterone, Anabolics, etc.)	Yes	No
Other meds (list): _____	Yes	No

**Allergies to medications:** *please circle*    yes    no    (list): \_\_\_\_\_  
 \_\_\_\_\_

## *Do you ingest / inhale any of the following?*

<i>Caffeine</i>	Frequently	Occasionally	Seldom	Never
<i>Alcohol</i>	Frequently	Occasionally	Seldom	Never
<i>Tobacco</i>	Frequently	Occasionally	Seldom	Never

Spouse's / Sig. Other's evaluation:    Age: \_\_\_\_\_    Health: Yes / No \_\_\_\_\_

Menstrual cycles _____	days	change: Yes	No	
Hormone profile:	Not done _____	normal _____	abnormal _____	
HSG / Ultrasound:	Not done _____	normal _____	abnormal _____	
AFC Antral Follicle Count	Not done _____	normal _____	abnormal _____	
Anatomy:	Not done _____	normal _____	abnormal _____	
Ovulation:	Not done _____	normal _____	abnormal _____	

Female Infections: \_\_\_\_\_

Female Surgery: \_\_\_\_\_

Gynecologist: \_\_\_\_\_

**Reproductive Endocrinologist:** \_\_\_\_\_

Prior:            IUI Cycles:    Nat: \_\_\_\_\_ / Clomid \_\_\_\_\_ / Stimulated \_\_\_\_\_

	DATE	# EGGS Retrieved	# EGGS Fertilized	# EMB Tx	# EMB Frozen
IVF #1:	_____	_____	_____	_____	_____
IVF #2:	_____	_____	_____	_____	_____

**PHYSICIAN USE**

Semen Analysis:	#1	#2	#3
Date	_____	_____	_____
Volume	_____	_____	_____
PH	_____	_____	_____
Concentration	_____	_____	_____
Total Count / Total Mot	_____	_____	_____
% Motility	_____	_____	_____
Forward prog.	_____	_____	_____
Morph WHO	_____	_____	_____
Krueger	_____	_____	_____
WBC / Round Cells	_____	_____	_____

Labs: \_\_\_\_\_

**Physical exam**

HEENT: PERRLA / \_\_\_\_\_

WNL @ 4 :  LUNGS             HEART             ABD             NECK

Penis:        circ \_\_\_\_\_        meatus \_\_\_\_\_        size \_\_\_\_\_

Testis:      Right: M \_\_\_\_\_ / cc    Left: M \_\_\_\_\_ / cc

Vase:        Right: SG \_\_\_\_\_        Left: SG \_\_\_\_\_

Epididymis: Right: S / I \_\_\_\_\_    Left S / I \_\_\_\_\_

Varicocele: Right: I / II / III    Left: I / II / III

Prostate:    Size \_\_\_\_\_        Boggy \_\_\_\_\_        Tender \_\_\_\_\_

                  S.V. \_\_\_\_\_

**Current RE plan for couple:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- IMP** 1.)  
2.)  
3.)

**PLAN:**

\_\_\_\_\_ S/A / KSM / ASA / CRYO / RETRO @ \_\_\_\_\_

\_\_\_\_\_ DVX w/ Boris     Hospital

\_\_\_\_\_ Genetics         CF     Y Microdeletion     Karotyping

\_\_\_\_\_ T / E Ratio

\_\_\_\_\_ T / FSH / LH / Prolactin

\_\_\_\_\_ SCSA

\_\_\_\_\_ Nutritional Supps

\_\_\_\_\_ Follow-up visit \_\_\_\_\_ days / wks / mths / 1 yr / p above

\_\_\_\_\_ Prost U/S (No Bx)

**Other:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
*Martin Bastuba, M.D.*

