Male Fertility Evaluation - New Patient Questionnaire

INSTRUCTIONS:

 The following questionnaire should only take about ten minutes to complete. It will help Dr. Coward to be thorough with your evaluation but also for him to focus on the important individual aspects of your medical history. Please fill out to the best of your knowledge and bring the form with you to your appointment.
 If you have any previous semen analyses, blood tests, or other evaluations, please attach them to this form.

APPOINTMENT DATE: REFERRING	PHYSICIAN:			
NAME:				
PARTNER'S NAME:				
PARTNER'S FERTILITY SPECIALIST:				
UNC MEDICAL RECORD NUMBER (IF AVAILABLE):				
FERTILITY HISTORY	2			
How long have you and your partner been trying to achieve a	a pregnancy?	months		
Have you achieved pregnancy with your current partner?		🤋 yes 🛛 no		
If yes, how many and when?				
Have you ever achieved a pregnancy with another partner?	athar partnar?	yes no		
Has your current partner ever achieved a pregnancy with and		Yes		
Has your partner been evaluated by a gynecologist or fertility	Pyes P no			
If so, was the evaluation normal? (If not, please specify below	v)	🤋 yes 🔋 no		
		-		
SEXUAL HISTORY				
What is the average frequency of intercourse?				
Image: 2 < 1 per monthImage: 1 1-2 monthImage: 1 per week	? 2-3 week ? Daily			
How often do you have intercourse during ovulation?				
How would you rate your sex drive (libido)? 2 None 2	Low 🛛 Normal	I Excellent		
Do you know how to time intercourse to her cycle?		🛛 yes 🖓 no		
Do you use any lubrication?		🛙 yes 🖓 no		
Do you ever have difficulty achieving or maintaining an erect	ion for intercourse?	🛛 yes 🖓 no		
Do you ever have difficulty reaching climax?		🛛 yes 🖓 no		
Do you ever ejaculate (come) too quick or before vaginal per	netration?	🛾 yes 🖓 no		
ENVIRONMENTAL EXPOSURES				
What is your occupation?				
Do you smoke cigarettes or use smokeless tobacco?		☑ yes ☑ no		
If yes, how many packs/day?		,		
Are you a former smoker?	🛙 yes 🖓 no			
If yes, what year did you quit?				
How many packs/day? Years smoked?	_			
Do you drink alcohol on a regular basis?		🛛 yes 🖓 no		
How many drinks/day?				
Do you use any illegal drugs or non-prescribed prescription n	nedicines?	🛾 yes 🖓 no		
2 marijuana 2 cocaine 2 methadone/narcotics	🛾 other	-		
Have you ever used pesticides on a regular basis?	🛙 yes 🛛 no explain:			
Have you been exposed to toxic chemicals?	yes no explain:			
Have you been exposed to radiation (X-rays) regularly?	② yes ☑ no explain:			
Are you exposed to prolonged heat (hot tubs, saunas)?	yes no explain:			
Have you ever taken testosterone or anabolic steroids?				
Do you take any work-out supplements?	☑ yes ☑ no explain:			

PAST MEDICAL AND SURGICAL HISTORY

1 4. 2. 5. Have you ever been treated for cancer? If yes II no explain: Have you ever had any sexually transmitted infection? If yes II no explain: Have you ever had any sexually transmitted infection? If yes II no explain: Have you ever had any sexually transmitted infection? If yes II no explain: Have you ever had prioratitis? If yes II no explain: Have you ever had testicular torsion (twist)? If yes II no explain: Have you ever had testicular torsion (twist)? If yes II no explain: Have you ever had testicular injury? If yes II no explain: Have you ever bade testicular injury? If yes II no explain: Have you ever bad testicular injury? If yes II no explain: Have you ever bad testicular injury? If yes II no explain: I. 4. Z. 5. 3. Go in outbowing operations (check all that apply)? I hernia repair IV avriaccele repair I hydrocelectomy It testis biopsy I testicular surgery IV avriaccele repair I testicular surgery It antidepressants I testicular surgery It antiseizure meds	Current medical problems:						
2. 5. 3. 6. Have you ever been treated for cancer? By yes B no explain: Have you had a high fever in the past 6 months? By yes B no explain: Have you ever had any sexually transmitted infections? By yes B no explain: Have you ever had any sexually transmitted infection? By yes B no explain: Have you ever had prostatitis? By yes B no explain: Have you ever had prostatitis? By yes B no explain: Have you ever had serious testicular injury? By yes B no explain: Have you ever had a serious testicular injury? By yes B no explain: Have you ever had a serious testicular injury? By yes B no explain: Have you ever bad a serious testicular injury? By yes B no explain: 1. 4.	-	4					
Have you ever been treated for cancer? If yes II no explain:							
Have you had a high fever in the past 6 months? If yes III no explain: Have you ever had any sexually transmitted infections? If yes III no explain: Have you ever had a prinary tract infection? If yes III no explain: Have you ever had a prinary tract infection? If yes III no explain: Have you ever had prostattis? If yes III no explain: Have you ever had testicular torsion (twist)? If yes III no explain: Have you ever had a serious testicular injury? If yes III no explain: Have you ever had a serious testicular injury? If yes III no explain: Have you ever bade testicular torsion (twist)? If yes III no explain: Have you ever bade testicular torsion (twist)? If yes III no explain: Have you had any of the following operations (check all that apply)? Have you had any of the following operations (check all that apply)? In there are are in the past 6 months? If yes III no explain: Introductions If yes III no explain: Introductions If yes IIII no explain Introductions If yes IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	3	6					
Have you had a high fever in the past 6 months? If yes III no explain: Have you ever had any sexually transmitted infections? If yes III no explain: Have you ever had a prinary tract infection? If yes III no explain: Have you ever had a prinary tract infection? If yes III no explain: Have you ever had prostattis? If yes III no explain: Have you ever had testicular torsion (twist)? If yes III no explain: Have you ever had a serious testicular injury? If yes III no explain: Have you ever had a serious testicular injury? If yes III no explain: Have you ever had a serious testicular injury? If yes III no explain: Have you ever baet testicular torsion (twist)? If yes III no explain: Have you ever baet the following operations (check all that apply)? If yes III no explain: Have you had any of the following operations (check all that apply)? If hernia repair In the pair If yaricocele repair If orchiopexy In the pair If yaricocele repair If orchiopexy In the you had any of the following medications previously? If kidney stone surgery MetDicAttIONS If the following medications previously? If chenotherapy I Concicosteroids III Tagamet III spironolatcone	Have you ever been treated for cancer?		🤋 ves 🖗 no explair	ו:			
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Have you ever had epididymitis? I yes I no explain: Have you ever had prostatitis? If yes I no explain: Have you ever had testicular torsion (twist)? If yes I no explain: Have you ever had a serious testicular injury? If yes I no explain: Have you ever had a serious testicular injury? If yes I no explain: Have you ever had esticular torsion (twist)? If yes I no explain: Have you ever had esticular torsion (twist)? If yes I no explain: Have you ever had esticular torsion (twist)? If yes I no explain: Have you ever had esticular torsion (twist)? If yes I no explain: Have you ever had esticular torsion (twist)? If yes I no explain: 1. 4.							
Have you ever had prostatitis?							
Have you ever had testicular torsion (twist)?	Have you ever had prostatitis?						
Have you ever had a serious testicular injury? Yes I no explain: Have you ever been treated for an undescended testicle? Yevious surgeries:	Have you ever had testicular torsion (twist)?		🛛 yes 🖓 no explair	า:			
Have you ever been treated for an undescended testicle? I yes I no explain: Previous surgeries: 4. 2. 5. 3. 6. Have you had any of the following operations (check all that apply)? I urethral stricture I hypospadias repair I varicocele repair I orchiopexy I urethral stricture I hypospadias repair I varicocele repair I orchiopexy I urethral stricture I hypospadias repair I bladder/ureter surgery I bladder/ureter surgery MEDICATIONS 1. 4.	Have you ever had a serious testicular injury?		🛛 yes 🖓 no explair	า:			
1. 4. 2. 5. 3. 6. Have you had any of the following operations (check all that apply)? B hernia repair 2 varicocele repair D orchiopexy 1 urethral stricture Testicular surgery 2 vasectomy B hydrocelectomy 1 testis biopsy Cystoscopy 1 kidney stone surgery MEDICATIONS 4. 1. 5. 2. 5. 3. 6. Have you taken any antibiotics in the past 6 months? 2 yes 1 no explain: Have you ever used any of the following medications previously? 6. Corticosteroids 1 sedatives 1 sulfasalazine 1 antidepressants 1 antiseizure meds HCG injections 1 Tagamet 1 spironolactone 1 antidepressants 1 antiseizure meds HCG injections 2 Tagamet 2 spironolactone 1 antidepressants 1 antiseizure meds Clomid 2 Zantac 1 ketoconazole 1 cholesterol meds 1 immunosuppression ALLERGIES:	Have you ever been treated for an undescended test	icle?	🛛 yes 🖓 no explair	າ:			
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3. 6. Have you had any of the following operations (check all that apply)? B hernia repair © varicocele repair © orchiopexy © urethral stricture © testicular surgery © vasectomy © hydrocelectomy © testis biopsy © cystoscopy © kidney stone surgery MEDICATIONS 4. 1. 4. 2. 5. 3. 6. Have you taken any antibiotics in the past 6 months? © yes © no explain: Have you ever used any of the following medications previously? © antidepressants © antiseizure meds © HCG injections © Tagamet © spironolactone © antipsychotics © chemotherapy © Clomid © Zantac © ketoconazole © cholesterol meds © immunosuppression ALLERGIES:							
Have you had any of the following operations (check all that apply)? Ihernia repair If varicocele repair If testicular surgery If vasectomy In hypospadias repair If bladder/ureter surgery In hypospadias repair If bladder/ureter surgery In hypospadias repair If bladder/ureter surgery MEDICATIONS Image: testis biopsy Image: testis Image: testis							
Image:							
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I hydrocelectomy I testis biopsy I cystoscopy I kidney stone surgery MEDICATIONS 1	•			🛛 bladde	r/ureter surgery		
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² corticosteroids ² sedatives ² sulfasalazine ² antidepressants ² antiseizure meds ² HCG injections ² Tagamet ² spironolactone ² antipsychotics ² chemotherapy ² Clomid ² Zantac ² ketoconazole ² cholesterol meds ² immunosuppression ALLERGIES: FAMILY HISTORY How many brothers do you have? How many sisters do you have? mo Are any of your brothers infertile? yes Are any of your sisters infertile? yes no explain: Do any of your family members have cystic fibrosis? yes no explain: Have any children in your family had birth defects? Yes no explain: Yes No explain: REVIEW OF SYSTEMS Yes Yes No explain: Yes No explain: <td>Have you taken any antibiotics in the past 6 months?</td> <td></td> <td>🛛 yes 🖓 no explair</td> <td>າ:</td> <td></td>	Have you taken any antibiotics in the past 6 months?		🛛 yes 🖓 no explair	າ:			
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ALLERGIES: FAMILY HISTORY How many brothers do you have? How many sisters do you have? Are any of your brothers infertile? I yes I no Are any of your sisters infertile? I yes I no Do any of your family members have cystic fibrosis? I yes I no explain: Image: Do any genetic syndromes run in your family? Do any children in your family had birth defects? Image: Yes I no explain: REVIEW OF SYSTEMS Image: Yes I no explain: Do you have a normal sense of smell? Image: Yes I no explain:	HCG injections Tagamet Spironolactone		I antipsychotics		Chemotherapy		
FAMILY HISTORY How many brothers do you have? Are any of your brothers infertile? I yes I no Are any of your family members have cystic fibrosis? I yes I no explain: Do any genetic syndromes run in your family? Have any children in your family had birth defects? I yes I no explain:	Image: ClomidImage: ZantacImage: ketoconazole		Cholesterol med	ds	I immunosuppression		
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Do you have a normal sense of smell?							
Do you have a normal sense of smell?							
			2 ves 2 no evolair	· ·			
	Do you have frequent headaches?						
Have you had a recent change in your energy level? If yes I no explain:			yes no explain:				
Do you have less chest hair than other men in your family? 2 yes 2 no explain:		amily?					
What age (approximately) did you go through puberty?			e yes e no explait	••			

Today's date:				Phys	Physician Name:						
PATIENT INFORMATION											
Patient's Last name:	First:		Mid	ldle:	u Mr.		Sex: □ M□	Marital status (circle one) Single / Mar / Div / Sep /			
						□ Mrs.			Wid		
Mailing address:			City:			Stat	e:		ZIP Code:		
D.O.B:	Social Security No.:	Home phone no.:					Cell Phone No.:				
/ /			()				()			
Email Address:	mail Address: Local Pharmacy:				Pharr	Pharmacy Phone No .:					
SPOUSE INFORMATION											
Spouse's Last name:	First:		Mid	dle: In Mr. Social Security No.:			ity No.:				
D.O.B: / /	Phone No.: ()		Ema	il Addres	s:					

REFERRAL INFORMATION Referred by(Clinic/Doctor): Referring Clinic/Doctor's Address: Referring Clinic/Doctor Phone No.: □ Family □ Friend □ Other_ **INSURANCE INFORMATION** (Please give your insurance card to the receptionist.) Group **PRIMARY** Insurance: Effective Date: Policy No.: Group No.: Name(Employer): Subscriber's Name: Subscriber's D.O.B: Subscriber's Address (if different): Phone No.:) (Child Other SECONDARY Insurance (if Group Effective Date: Policy No.: Group No.: Name(Employer): applicable): Subscriber's D.O.B: Subscriber's Address (if different): Subscriber's Name: Phone No.: / 1) Patient's relationship to subscriber: Self Spouse Child Other

IN CASE OF EMERGENCY							
Name of local friend or relative (not living at same address):	Relationship to patient:	Home phone no.: Work ph			phone no.:		
		()		()	
The above information is true to the best of my knowledge. I authorize my insurance benefits be paid directly to the physician. I understand that I am financially responsible for any balance. I also authorize REI Clinic or insurance company to release any information required to process my claims.							
Patient/Guardian signature			Date				

Informed Consent: Email communication

On occasion, we engage in email communication with our patients. Please review the information below about the limitations and risk of email communication. Please select one of the options below.

While UNC Fertility safeguards your medical records and personal data while it is in our control, we cannot assure, and are not responsible, for the safety of your personal medical information once it leaves our server. UNC Fertility is not responsible for misdirected or incorrectly routed emails due to incorrect or outdated information, email addresses shared with others, or 'send failure' because the email inbox is full.

I have read and understand the above paragraph. I would like to receive emails from UNC Fertility. Email address: ______

Patient Signature

Patient Name

Date

I have read and understand the above paragraph. I would <u>NOT</u> like to receive email communication from UNC Fertility.

Patient Signature

Patient Name

Date