



Committed to Care with Compassion

## CLINICAL HISTORY OF THE MALE PARTNER

### **\*\*PLEASE FILL IN THIS FORM IN CAPITAL LETTERS\*\***

Please leave blank any questions you do not understand or are not sure of how to answer.

We ask you to pay close attention when filling in this questionnaire, as your answers are very important. All information is confidential and will be considered as a part of your medical history

NAME AND SURNAME:

DATE OF BIRTH:

DURATION OF INFERTILITY [since when has your partner been trying to get pregnant (month and year):

**1. FAMILY HISTORY:** Among the members of your family (parents, brothers and sisters, aunts and uncles, children, nieces and nephews), is there any history of:

HEREDITARY DISEASES:

CHILDREN BORN WITH DEFORMITIES:

IF PRESENT, ARE THEIR PARENTS COUSINS OF FIRST DEGREE?

OTHER RELEVANT HEALTH CONDITIONS:

### **2. PERSONAL MEDICAL HISTORY (PAST OR PRESENT):**

GENETIC DISEASE:

HEALTHY CARRIER OF A HEREDITARY DISEASE (E.G., THALASSEMIA/MEDITERRANEAN ANEMIA, DREPANOCYTOSIS/SICKLE CELL ANEMIA, MUCOVISCIDOSIS/CYSTIC FIBROSIS):

OTHER TYPES OF ANEMIA:

CANCER:

INFECTIOUS DISEASES (E.G., HEPATITIS B, HEPATITIS C, HIV, Syphilis...):

PELVIC/GENITAL/VENEREAL INFECTIONS (CHLAMYDIA, GONORRHEA ETC.):

MUMPS WITH TESTICULAR INFLAMMATION:

OTHER TYPES OF TESTICULAR OR EPIDIDYMAL INFLAMMATION

PROSTATITIS

TESTICULAR TRAUMA:

UNDESCENDED TESTICLE [WHICH SIDE? TREATMENT (HORMONAL/SURGICAL, AT WHAT AGE)?

UNI/BILATERAL ABSENCE OF TESTICLES/VAS DEFERENS:

VASECTOMY:

UNI/BILATERAL VARICOCELE:

DELAYED PUBERTY OR HYPOGONADISM:

BLOOD IN URINE OR SEMEN:

ERECTION PROBLEMS:



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ANY PROBLEMS RELATED TO EJACULATION [PREMATURE EJACULATION ("TOO SOON"), RETROGRADE ("DRY") EJACULATION, OTHER DIFFICULTIES]:
PROBLEMS WITH LIBIDO:
CHRONIC BRONCHITIS:
CHRONIC SINUSITIS:
DIABETES:
NEUROLOGICAL, PSYCHOLOGICAL, PSYCHIATRIC DISORDERS, DEPRESSION, ANXIETY:
EPILEPSY:

THROMBOSIS:
HEART DISEASE:
HYPERTENSION (HIGH BLOOD PRESSURE):
THYROID DISORDERS:
ASTHMA:
NEPHRO-UROLOGICAL DISORDERS:
HEPATOPATHIES (LIVER DISEASES):
GASTRIC/DUODENAL ULCERS:
CROHN'S DISEASE:
TUBERCULOSIS:
VASCULAR CEREBRAL EVENTS:
MULTIPLE SCLEROSIS:
OTHER RELEVANT HEALTH CONDITIONS:
ALLERGIES TO MEDICATIONS/LATEX/METALS:
REACTIONS TO ANESTHETICS:
MEDICATIONS TAKEN IN THE LAST 6 MONTHS:
SMOKING HABITS (CIGARS/CIGARETTES PER DAY):
ALCOHOL CONSUMPTION (GLASSES PER DAY):
DRUG CONSUMPTION:
EXPOSURE TO HIGH TEMPERATURE OR TO TOXINS AT WORK IN ANY OTHER ACTIVITY:
PREVIOUS SURGERIES:

<b>4. PREVIOUS PREGNANCIES WITH YOUR CURRENT PARTNER:</b>	YES	NO
IF YES, HOW LONG DID IT TAKE HER TO GET PREGNANT?		



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<b>5. PREVIOUS PREGNANCIES WITH A DIFFERENT PARTNER:</b>	YES	NO
IF YES, HOW LONG DID IT TAKE HER TO GET PREGNANT?		
DID THE OTHER PARTNER HAVE ANY DIFFICULTIES GETTING PREGNANT?		
IF YOU HAVE CHILDREN FROM YOUR PREVIOUS RELATIONSHIP(S), WHAT IS THEIR AGE AND SEX? ARE THEY HEALTHY?		

<b>6. TEST RESULTS OF THE MALE PARTNER:</b>			
RECENT SPERM ANALYSES:			
<b>DATE</b>	<b>CONCENTRATION (MILLION SPERM CELLS/ ML)</b>	<b>MOTILITY A+B%</b>	<b>NORMAL FORMS%</b>
HORMONAL TESTS (FSH, LH, PROLACTIN, TESTOSTERONE):			
URINE/SEMEN CULTURE:			
TESTICULAR/PROSTATIC ULTRASOUND/ DOPPLER STUDY:			
KARYOTYPE (CHROMOSOME ANALYSIS):			
MICRODELETIONS OF CHROMOSOME Y:			
UNI/BILATERAL TESTICULAR BIOPSY:			
SPERM FREEZING:			
OTHER TESTS (PLEASE SPECIFY):			

Date:

Signed (by the male patient):