

Fertility Intake for Men

Name: _____ Date of Birth: _____ Age: _____

If you have children, please list their ages, and if their mother is your current partner or not:

Have you had a fertility examination by a Gynecologist or Fertility Specialist? If yes, describe when, where, and findings if any:

Have you had any hormones show up out of range on lab work? _____

Do you have any other endocrine disorder that you know of, including thyroid? _____

Do you have any history of pelvic trauma or surgery? _____

Please describe any history of reproductive surgery or illness. (This can include sexually transmitted disease, varicocele, etc.)

Please describe your current wishes and plans regarding your fertility: _____

Does your partner share these wishes and plans? _____

Is there anything else I should know regarding your fertility? (Use back of page if needed) _____
