

# THE UROLOGY GROUP

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## FERTILITY EVALUATION

Today's Date \_\_\_\_\_ Patient's Name \_\_\_\_\_ DOB \_\_\_\_\_

How long have you been trying to achieve pregnancy? \_\_\_\_\_

### Medical History

Childhood illnesses \_\_\_\_\_

History of undescended testicle? \_\_\_\_\_

Trauma or heat to the scrotum/testicles? \_\_\_\_\_

History of sexually transmitted infections? \_\_\_\_\_

Alcohol \_\_\_\_\_ Tobacco \_\_\_\_\_ Drugs (e.g. marijuana, steroids) \_\_\_\_\_

### Reproductive History

Have you had any prior fertility problems? \_\_\_\_\_

Have you ever achieved pregnancy before? \_\_\_\_\_ Had children? \_\_\_\_\_

Any problems with erection? \_\_\_\_\_ Ejaculation? \_\_\_\_\_

How often do you have sex? \_\_\_\_\_ Do you time sex around the time of ovulation? \_\_\_\_\_

### Family History

Family history of fertility problems? \_\_\_\_\_

### Partner's History

Your partner's age \_\_\_\_\_ Has your partner ever been pregnant? \_\_\_\_\_ Had children? \_\_\_\_\_

Does your partner have history fertility problems? \_\_\_\_\_

Has your partner had a fertility evaluation? \_\_\_\_\_ Results? \_\_\_\_\_

Written by: Jennifer L. Young MD, The Urology Group. Copyright 2012.

Reference: The Optimal Evaluation of the Infertile Male:  American Urological Association Best Practice Statement. Revised, 2010. ©2010 American Urological Association, Education and Research Inc., Linthicum, MD. [www.auanet.org/content/media/optimizevaluation2010.pdf](http://www.auanet.org/content/media/optimizevaluation2010.pdf)