

Consultation Form

MALE FERTILITY

Confidential

Surname: _____ Age _____
Forename(s): _____ Date of Birth: _____
Full Address: _____
Relationship Status: _____ Postcode: _____
Number of Children: _____ Weight: _____ Height: _____
Mobile: _____ Have you recently lost or gained weight: _____
Email: _____ Home Phone No: _____
Emergency contact: _____ Work Phone No: _____
Phone No: _____

EMPLOYMENT DETAILS

Occupation: _____ Employer: _____
Number of years in current job: _____ Previous occupation: _____

HEALTH DETAILS

Name of GP: _____ Telephone No: _____

Prescribed medication currently taking: _____

Unprescribed medication currently taking: _____

Supplements currently taking: _____

Any Operations/Hospitalisation: _____

Do you smoke? _____ per day.

Do you drink alcohol?: _____ Units per week



Do you exercise? Yes / No If yes, what do you do and how often?

On a scale of 1-10, how would you rate the quality of your sleep (10 being great) _____

Do you have a problem falling asleep? ____ Staying asleep? ____ How much do you sleep? ____ hours

How many hours do you think you need? _____ Do you wake refreshed? _____

How is your body temperature, compared to others? Warmer Cooler Average

Do you break out in sweats during the day? Yes/No Do you break out in sweats during the night? Yes/No

Do you enjoy your work? Yes/No On a scale of 1-10 how much does it stress you out? (10 being the most)

How stressed do you feel in your life in general on a scale of 1-10 _____

How often do you get colds, flu, sore throats in a year? _____

How often do you get up in the night to urinate? _____ Has this increased recently? _____

Any problems with getting or maintaining an erection? Yes / No

Do you have any sores on your penis? Yes / No

Any previous or current sexually transmitted diseases or infections? Yes / No

If yes what was the diagnosis and when was the last break out?

Number of pregnancies fathered:

If you currently have children when was the last child born?

Have you had any hormone tests performed? Yes / No

If yes please forward a copy of your results

Have you had a semen culture tests performed? Yes / No

If yes please forward a copy of your results

Semen Analysis – please forward a copy of your results ideally or fill out the below

Test Date-;

• Volume :

• Count:

• Motility:

• Morphology:

• DNA fragmentation:



Do you have any other health matter/specific questions NOT covered that should be brought to our attention?

Do you have any specific worries or questions you would like to share?

MALE FERTILITY IS INCREDIBLE IMPORTANT AND IS THE ISSUE 50% OF THE TIME.

The majority of male fertility issues go under the radar because the basic sperm tests are just that BASIC, add to that “normal” ranges being so broad it’s no wonder issues are undiagnosed.

Male fertility can still be an issue even if you have had a child previously, male fertility can be the cause of miscarriage, just because you get a partner pregnant doesn’t mean your sperm isn’t the issue for that pregnancy not progressing, male fertility can be still be the issue even if your partner has a diaagnosed condition, 33% of the time it is both partners who have contributing factors to the infertility.

I appreciate the time taken to complete these forms, I understand that they can be extremely personal and sometimes questions can repeat themselves or seem unrelated.

The answers help me to understand what is currently going on in your body, then following seeing you in person enables me to put a treatment plan together specifically for you.

Thank you again and I look forward to speaking with you.

King Regards

Angie

