

Consultation Form

MALE FERTILITY

Confidential

Surname: _____ Age: _____

Forename(s): _____ Date of Birth: _____

Full Address: _____

Postcode: _____

Relationship Status: _____ Weight: _____ Height: _____

Number of Children: _____ Have you recently lost or gained weight: _____

Mobile: _____ Email: _____

Emergency contact: _____ Emergency phone No: _____

Employment Details

Occupation: _____ Employer: _____

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

Health Details

Name of GP Practice: _____ Name of GP: _____

Prescribed medication currently taking: _____

Unprescribed medication currently taking: _____

Supplements currently taking: _____

What is the general state of your health? Excellent Good Average Fair Poor

Any Operations/Hospitalisations: _____

Do you smoke? Yes No per day. _____ Do you drink alcohol? Yes No Units per week _____

Your Current Health

What is your main reason for coming in today?

Please give me an overview of your situation and journey so far...

How long has this been an issue?

List in order of importance other health problems that are troubling you:

1) _____ For how long? _____

2) _____ For how long? _____

3) _____ For how long? _____

Please list any healthcare practitioners you have seen regarding your main concern? _____

What were their diagnosis/thoughts?

What is your current level of energy from 1 to 10 (where 10 is the best you have ever felt)? _____

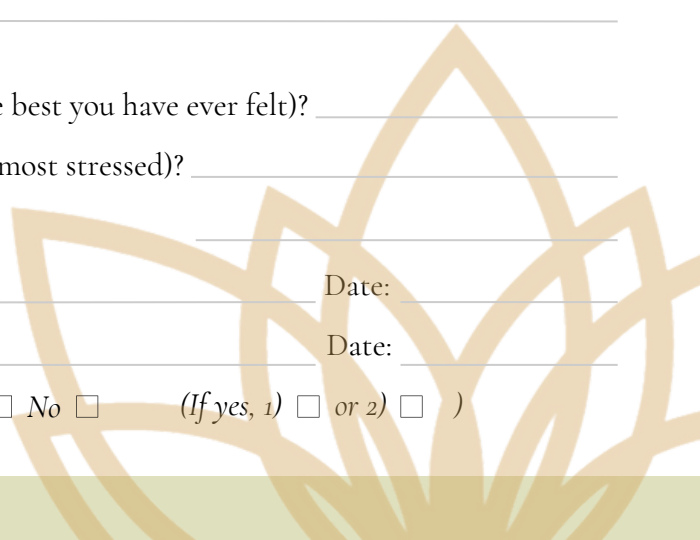
What is your current level of stress from 1 to 10 (where 10 is the most stressed)? _____

Please list the 2 most significant stressful events in your life: _____

1) _____ Date: _____

2) _____ Date: _____

Are any of these situations continuing to impact your life Yes No (If yes, 1) or 2))



Do you suffer with anxiety? Yes No Do you suffer from depression? Yes No

Are you currently working with a professional counsellor, psychologist, or any other therapist? Yes No

Have you in the past? _____

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? Yes No Staying asleep? Yes No

How much do you sleep per night? _____ hours How many hours do you think you need? _____ hours

Are you vegetarian or vegan? Vegetarian Vegan No

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 cause stress? (10 being the most) _____

How often do you get colds, flu or sore throats per year? _____

How often do you get up in the night to urinate? Yes No Has this increased recently? _____

Are there 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 a basic sperm test? Yes No If yes please forward a copy of your lab results

Have you had a DNA Fragmentation test? Yes No If yes please forward a copy of your lab results

Have you had any hormone tests? Yes No If yes please forward a copy of your lab results

Have you had a semen culture test? Yes No If yes please forward a copy of your lab results

Please tick if any of the following apply to you:

o Epilepsy

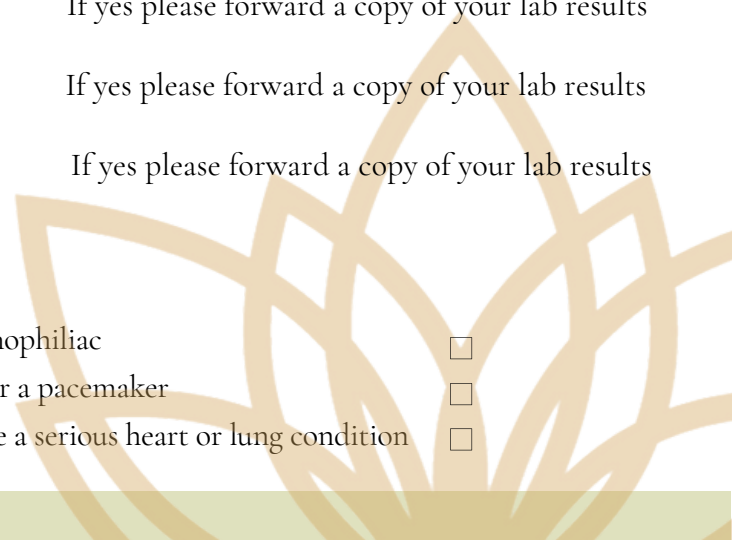
o If you are taking anticoagulant medications

o Do you have surgeries scheduled?

o Hemophiliac

o Wear a pacemaker

o Have a serious heart or lung condition



Have you had a diagnosis relating to infertility? If yes, what was it?

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

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

Unexplained infertility is 33% female, 33% male and 33% both, therefore unexplained infertility is male factor 50% of the time and is always to be explored. 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 diagnosed 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.

Angie

