Health declaration concerning infertility, man

Name: ....

Personal number: .... Phone number: ....

I give my consent that the reproduction centre can take part of my hospital records from other healthcare providers. Yes No

Your consent is needed to do a complete investigation and clinical assessment.

Ethnicity. I come from: ....

For how long have you been a couple? Living together since? ....

For how long have you been trying to have a child? ....

Previous investigation or treatment for infertility? ....

Civil status: Married Cohabitation

Occupation ....

Intercourse (frequency, erection, ejaculation etc.) ....

Hereditary diseases in your family? ....

Previous/current physical or psychological diseases: ....

Previous genital diseases, sexually transmitted diseases or surgery (medical and non-medical procedures):..

Previous sexually transmitted diseases:...

Pregnancies in current relationship: ....

Number ……. Miscarriage ……. Abortion……. Ectopic pregnancy……. Children ....

Previous pregnancies:

Number ……. Miscarriage ……. Abortion……. Ectopic pregnancy……. Children ....

Current medications:..

Allergies: ....

Previous or current abuse of alcohol, medications or other drugs. ....

Previous or current use of anabolic steroids, protein supplements: ....

Due to the risk of contagious diseases that can affect pregnancy and treatment, we wonder if you within the latest 6 have travelled or had a longer stay abroad or if you plan to do so.

If so, when and where?. ....

Have you been involved in an accident in the last 3 months (which has led to surgery, hospitalization, blood transfusion etc.)?. ....

Have you been vaccinated in the last 3 months? ....

Weight (kg): .... Height (cm): ....

Date .... Signature ....