



Northwestern Medical Faculty Foundation  
The Faculty Practice Plan of Northwestern's Feinberg School of Medicine

Please complete this questionnaire prior to your appointment and return it to your physician or the clinic receptionist at the time of your scheduled appointment.

Thank you!

**Department of Reproductive Endocrinology and Infertility**  
**Patient Questionnaire for Men**

**Welcome! This information will help us provide you with a more complete evaluation and will be a confidential part of your medical record at Northwestern.**

*Instructions: Please answer the questions as best you can.*

Name: \_\_\_\_\_ Age & Date of Birth: \_\_\_\_\_ Date: \_\_\_\_\_

Telephone\* (Day): \_\_\_\_\_ (Home): \_\_\_\_\_ (Cellular): \_\_\_\_\_

\*Indicate best number to reach you/leave a confidential message

Religion: \_\_\_\_\_

**MEDICAL HISTORY (CURRENT AND PAST)**

Allergies: \_\_\_\_\_

Medications: \_\_\_\_\_

Surgeries (date, type, and hospital): \_\_\_\_\_

Serious medical conditions: \_\_\_\_\_

Transfusions: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Maximum weight: \_\_\_\_\_ When: \_\_\_\_\_ Least weight: \_\_\_\_\_ When: \_\_\_\_\_

**Cardiovascular Disorders**

High blood pressure  Heart murmur

**Gastrointestinal Disorders**

Ulcers  Gallbladder Disease  Diarrhea  Colitis

Constipation  Reflux/Indigestion  IBS

**Hematologic/Blood Disorders**

Anemia  Blood clot in lung or leg

**Infectious Disease**

HIV/AIDS  Hepatitis A, B, or C (circle)

Other chronic infectious disease: \_\_\_\_\_

**Metabolism/Endocrine Disease**

Hyper/hypothyroid  Pituitary Disease  Diabetes

**Neurological Disorders**

Seizures  Headaches

**Oncologic (cancer) Diseases**

Cancer, Type(s): \_\_\_\_\_

**Psychiatric Disease (current or past history)**

Depression  Anxiety  Bipolar Disorder

Psychosis  Eating Disorder

Treatment for mood symptoms: \_\_\_\_\_

**Renal Disease**

Infection in kidneys or urine

**Respiratory Disorders**

Asthma  Pneumonia  Tuberculosis

Emphysema  Sleep Apnea

**Systemic Inflammatory Diseases**

Lupus  Rheumatoid arthritis

**Other**

Other medical conditions you have: \_\_\_\_\_

**FAMILY HISTORY**

Father: Alive (age):\_\_\_\_\_ Dead (cause):\_\_\_\_\_ Mother: Alive (age):\_\_\_\_\_ Dead (cause):\_\_\_\_\_  
Sisters (age):\_\_\_\_\_ Brothers (age):\_\_\_\_\_

**UROLOGIC HISTORY**

- Circumcised? If no, does foreskin retract easily (circle)? No Yes
- Treated for gonorrhea, syphilis, prostatitis or infection of testicles and/or seminal vesicles (when)?\_\_\_\_\_
- Hernia repair at any age (when?):\_\_\_\_\_ Mumps (when?):\_\_\_\_\_ Undescended testes
- Varicocele (varicose vein in scrotum) Injury of testes Genitourinary infection
- Recent change in libido or sexual drive Difficulty maintaining an erection Difficulty ejaculating into vagina
- Previous semen analysis (when, where, results)?:\_\_\_\_\_ Diagnosed as infertile
- Suspect you have fathered a child outside this marriage Had reason to doubt your fertility outside this marriage
- Past treatment to promote fertility (specify):\_\_\_\_\_

**SOCIAL HISTORY**

- Occupational status: Employed (occupation):\_\_\_\_\_ Unemployed Retired Disabled
- Been a professional driver, or drive long distances for work?
  - Employed in occupation with sustained high temperatures?
  - History of recent hospitalization or prolonged bed rest? History of hot baths, sauna or steam baths?
- Exercise habits (how often, duration, what types of exercise):\_\_\_\_\_
- Dietary habits (# meals daily, servings of fruits/vegetables, daily caloric intake):\_\_\_\_\_
- Smoke cigarettes/cigars? Current Past history Years smoked, packs per day:\_\_\_\_\_
- Drink alcohol? Current Past history # of drinks weekly:\_\_\_\_\_
- Use marijuana, cocaine? Current Past history Describe use:\_\_\_\_\_
- Current steroid or designer androgen use (type and amount)?\_\_\_\_\_
- IV drug user Had sex with IV drug user Had sex with a homosexual or bisexual person At risk for AIDS
- Lifetime number of sexual partners?\_\_\_\_\_