



Dr Hossam Elzeiny

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Fertility Specialist, Andrologist, Reproductive Endocrinologist, Laparoscopic Surgeon, Gynaecologist

MALE FERTILITY QUESTIONNAIRE

NAME: _____ **DOB:** _____ **AGE:** _____

WEIGHT: _____ **HEIGHT:** _____ **OCCUPATION:** _____

PARTNERS NAME: _____ **AGE:** _____ **DOB:** _____

1.	How long have you been actively attempting pregnancy?		
2.	Have you ever fathered any children before? Yes No from Current or Previous partner? Children ages - _____ <small>Please circle your answers for both questions.</small>		
3.	Has Semen Analysis ever been abnormal?		
4.	When you were a child, did your testes have to be surgically brought into scrotum? If yes which Side? Right / Left How old were you? _____	Yes	No
5.	Have you ever had inguinal hernia operation?	Yes	No
6.	Have you ever had major trauma to your testicles?	Yes	No
7.	Did you go through puberty at the same time as your peers?	Yes	No
8.	Did you have mumps when you were a child?	Yes	No
9.	Have you ever been treated for a sexually transmitted infection?	Yes	No
10.	Have you ever used anabolic steroids or body-building drugs?	Yes	No
11.	Have you ever used Marijuana or any other recreational drugs? _____	Yes	No
12.	Do you have difficulties in having erection, ejaculation or sexual desire?	Yes	No
13.	Have you ever been exposed to a large amount of radiation, or chemotherapy?	Yes	No
14.	Are you allergic to any medications? If yes, what medications?	Yes	No
15.	Do / did you smoke cigarettes? If yes, how many cigarettes a day?	Yes	No
16.	Do you drink alcoholic beverages? If yes, how many drinks a day / week?	Yes	No
17.	Are you currently taking any medications on a regular basis? If yes, what medications?	Yes	No
18.	Have you previously had evaluation for male infertility?	Yes	No
19.	Is there any family history of inherited medical conditions?		
20.	Any other relevant information?		

I declare the above information to be complete and correct

Patient Signature: _____ Date: _____

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