Dr.Myran
Ponnam-Palam
FERTILITY SPECIALIST

MBBS BSc(Med) Hons DRACOG FRANZCOG MM
Reproductive Endrocrinology, Infertility, Gynaecology, Laparoscopic Surgery, Microsurgery

Confidential Patient Medical Questionnaire – Male

Answering the below questions accurately as possible will help us understand any issues that may be impacting your fertility. Please take your time answering all questions and return to reception.

Surname: _____ First/Middle Name:_____

Date of Birth:_____/_____/_____ Weight (kg):_____ Height (cm):_____

…… (Doctor)

(Please circle)
Do you smoke? Yes / No How many cigarettes per day?_____

Do you drink alcohol? Regularly / Rarely / Never

Do you use recreational drugs?
……
……

Does anyone in your family have an inherited medication condition? Yes / No

Have you ever been treated for any of the following diseases? (please circle)

Diabetes / Thyroid Disease / liver or kidney disease / chronic lung disease

Have you ever had an operation and if yes please specify?_____

Have you ever had mumps? YES / NO

Have you ever experienced severe pain in testicles? YES / NO

Have you ever been treated for undescended testicle? YES / NO

Have you ever had a urinary infection? YES / NO

Have you ever had problems with erection or ejaculation? YES / NO

Have you ever used anabolic steroids? YES / NO

Have you ever gotten your previous partners pregnant? YES / NO

Are you currently on any medications and if yes which? YES / NO_____

Do you have any allergies?_____

Personal Remarks:_____

_____

I declare the above information to be complete and correct

Signature:_____ Date: _____/_____/_____