Fertilitetscentrum
Stockholm

In preparation for the first visit at Fertilitetscentrum

(The man)

Name: **Date of birth:**
Trying to achieve pregnancy since:
Involuntary childlessness among relatives: No ❑ Yes ❑
Previous pregnancies: No ❑ Yes ❑ with present partner ❑ with a previous partner ❑
Miscarriage: No ❑ Yes ❑
Mumps as a child or adult: No ❑ Yes ❑
Previous semen analysis: No ❑ Yes ❑ Normal: Yes ❑ No ❑
Previous genital infections: No ❑ Yes ❑
Previous operations: Hernia No ❑ Yes ❑ Urinary tract No ❑ Yes ❑ Genitals No ❑ Yes ❑
Previous illnesses:
Medication taken regularly: No ❑ Yes ❑ Name of medication:
Allergies: No ❑ Yes ❑ Allergic to:
Do you smoke: No ❑ Yes ❑