

NORTH ATLANTA UROLOGY ASSOCIATES PC

Howard C. Goldberg; M.D. Douglas A. Nyhoff; M.D. Paul L. Rubin; M.D. Jin S. Yeoh M.D.

Please note : If you are a new patient, these forms will be needed in conjunction with New Patient Forms. Thank you!

Today's Date _____

First Name: _____ Last Name: _____ Age: _____

Wife/Partner's Name: _____ Partner's Age: _____

Referring Doctor: _____ Phone Number: _____

FERTILITY HISTORY

How long have you and your wife/partner been married? _____

How long have you and your wife/partner been trying to achieve a pregnancy? _____

Has your wife/partner ever have a miscarriage? _____ If yes when? _____

Have you and your wife/partner had a child previously? _____ If so what is the age of the child? _____

Have you and your wife/partner achieved a pregnancy with someone other than each other?

What method of contraception have you been using prior to attempting conception? *Please circle one.*

RHYTHM DIAPHRAGM PILL OTHER: _____

Have you ever been tested for infertility? _____

Do you have intercourse every other day during her supposed time of ovulation? _____

Does your wife/partner usually get out of the bed immediately following intercourse? _____

Do you use any lubricants such as; Vaseline, KY Jelly etc during intercourse? _____

Does your wife/partner douche after intercourse? _____

Has your wife/partner ever been treated for fertility problems? _____ If yes,

a) Has it been determined that your wife/partner ovulates regularly? _____

b) How often does your wife/partner have her menstrual cycle, every _____ days and how many days does her cycle last for? _____

Does your wife/partner have painful menstrual cycles? _____

What is the average frequency of intercourse? _____ per week.

How often do you ejaculate? _____ per week.

Do you maintain an erection easily? _____

Do you have erections in the morning? _____

Are you aware of the erections during the night? _____

Do you maintain an erection sufficiently for intercourse? _____

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How long does intercourse last before you ejaculate? _____

Is intercourse painful for your wife/partner? _____

Is intercourse painful for you? _____

Is your wife/partner's vagina ever so tight you cannot penetrate? _____

Does your wife/partner usually reach an orgasm? _____ If yes, does she reach an orgasm during intercourse? _____

Does your wife/partner achieve an orgasm through other sexual activity? _____

MEDICAL HISTORY

Do you presently have or had any of the following conditions:

Hypertension (High Blood Pressure) ___ Y ___ N If Yes, When? _____

Kidney Stones ___ Y ___ N

Prostate Infection ___ Y ___ N

Blood in semen ___ Y ___ N

Urinary Tract Infection ___ Y ___ N

Do you urinate more than every 3 hours? ___ Y ___ N

Do you have to get up in the middle of the night to urinate? ___ Y ___ N If Yes, how many times _____

Do you ever urinate when you don't want to? ___ Y ___ N

Does it burn when you urinate? ___ Y ___ N

Do you have blood in your urine? ___ Y ___ N If Yes, how long have you noticed this?

Have you ever had a sexually transmitted disease? ___ Y ___ N If Yes, when and what was the name of the disease? _____

Have you ever had a discharge from your penis? ___ Y ___ N If Yes, when and what color was the discharge? _____

Have you ever had the mumps? ___ Y ___ N If Yes, when and did the mumps affect your testicles? _____

HAVE YOU EVER HAD ANY OF THE FOLLOWING:

Diabetes ___ Y ___ N If Yes, when were you diagnosed? _____

Cancer ___ Y ___ N If Yes, what type of cancer and when diagnosed? _____

Neurologic disorder ___ Y ___ N If Yes, what is the name of the disorder and when were you diagnosed? _____

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Radiation/Chemotherapy ___Y ___N If Yes, when? _____

HAVE YOU EVER HAD ANY OF THE FOLLOWING SURGERIES?

Vasectomy ___Y ___N If Yes, when? _____

Varicocele (varicose vein in the scrotum) ___Y ___N If Yes, when? _____

Hydrocele ___Y ___N If Yes, when? _____

Surgery on the penis? ___Y ___N If Yes, what type of surgery and when?

Circumcision ___Y ___N If Yes, at what age did you have done? _____

Hernia repair ___Y ___N If Yes, when? _____

Undescended testicles ___Y ___N If Yes, when? _____

Have you had any other surgeries? ___Y ___N If Yes, what type of surgery and when?

Have you had any illnesses requiring hospitalization? ___Y ___N If Yes, when and for what?

Have you ever been on prolonged bed rest? ___Y ___N If Yes, when and why?

Have you ever had an injury to your testicles? ___Y ___N If Yes, when? _____

Do you frequently take hot baths, steam baths or sit in a sauna? ___Y ___N If Yes, how often?

Do you wear jockey shorts? ___Y ___N If Yes, do you wear them to bed? ___Y ___N

At what age did you start to shave? _____

How often do you shave? _____

How does your beard compare to other males? _____

How does your beard compare to other members in your family? _____

HABITS AND MEDICATIONS

Do you smoke? ___Y ___N If yes, how long have you been smoking? _____

How many cigarettes per day? _____

Do you or have you used any of the following drugs:

Alcohol ___Y ___N If yes, frequency? _____

Marijuana ___Y ___N If yes, frequency? _____

Other ___Y ___N If yes, frequency? _____

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Are you currently taking prescribed medications? _____ Y _____ N

Do you take over-the-counter medications? _____ Y _____ N If yes please specify _____

Do you have any medication allergies? _____ Y _____ N If yes, please list allergies _____

Do you have any allergies other than to medications? _____ Y _____ N If yes, please specify _____

Have you ever taken any steroids? (Cortisone) _____ Y _____ N If yes, when? _____

WORK HISTORY

Occupation _____

Employer _____

Are you exposed to the following:

Chemicals or solvents and their fumes? _____ Y _____ N

Temperature extremes (cold or extreme heat)? _____ Y _____ N

X-rays or radioisotopes except routine studies? _____ Y _____ N

Is your occupation stressful? _____ Y _____ N

Do you need to meet deadlines or time schedules? _____ Y _____ N

Do you travel frequently away from your wife? _____ Y _____ N

Do you sleep well at night? _____ Y _____ N

Thank you very much for completing this form. Please do not forget to bring this form with you to your appointment.