



Sarah K. Girardi, M.D.

INSTRUCTIONS: #41

1. The following infertility questionnaire should only take about ten minutes to complete.
2. If you cannot answer a question, simply leave it blank.
3. DO NOT complete the gray-shaded areas.
4. Please bring the completed form to your first visit, or fax it to us prior to your first visit.

NAME: \_\_\_\_\_ AGE: \_\_\_\_\_

PARTNER'S NAME: \_\_\_\_\_ PARTNER'S AGE: \_\_\_\_\_

REFERRING PHYSICIAN: \_\_\_\_\_ REFERRING PHONE: ( ) -

TODAY'S DATE: / /

MEDICAL HISTORY

Have you been treated for any of the following conditions? .....  yes  no

diabetes  chronic respiratory disease  inflammatory bowel disease

tuberculosis  mumps orchitis  seizure disorder

Have you ever used any of the following medications? .....  yes  no

prednisone  cortisone  sulfasalazine  nitrofurantoin

cyclosporine  cimetidine  spironolactone  niridazole

procardia  ketoconazole  dilantin  digoxin

Have you had any of the following operations? .....  yes  no

hernia repair  varicocelectomy  orchiopexy  urethral stricture

prostatectomy  vasectomy  hypospadias  bladder neck

hydrocelectomy  testis biopsy

Have you ever had any of the following conditions? .....  yes  no

chlamydia  gonorrhea  syphilis  herpes

tuberculosis

Have you ever been treated for cancer?.....  yes  no

Are you taking medications now? If so, please list the medication and dosage below .....  yes  no

Are you allergic to medications? If so, please list the medication (s) below .....  yes  no

Have you had a high fever in the past 6 months? .....  yes  no

Have you ever had a urinary tract infection? .....  yes  no

Have you ever had epididymitis? .....  yes  no

Have you ever had prostatitis? .....  yes  no

Have you ever had testicular torsion? .....  yes  no

Have you ever had a serious injury to one or both testes? .....  yes  no

Have you ever been treated for undescended testis?

MEDICATIONS: \_\_\_\_\_ ALLERGIES: \_\_\_\_\_  NKDA

\_\_\_\_\_

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FERTILITY

- How long have you and your partner been trying to achieve a pregnancy? \_\_\_\_\_ months
- Have you ever achieved a pregnancy with your current partner? .....  yes  no
- Has your partner been evaluated by a gynecologist? .....  yes  no
- If so, was the evaluation normal? (If no, please specify below) .....  yes  no
- Have you ever achieved a pregnancy with another partner? .....  yes  no
- Has your current partner ever achieved a pregnancy with another partner? .....  yes  no

NOTES: \_\_\_\_\_  
\_\_\_\_\_

FAMILY HISTORY

- How many brothers do you have? \_\_\_\_\_ How many sisters do you have? \_\_\_\_\_
- Are any of your brothers infertile? ....  yes  no Are any of your sisters infertile? .....  yes  no
- Do any of your family members have cystic fibrosis? .....  yes  no
- Did your mother use DES during her pregnancy? .....  yes  no

ENVIRONMENTAL AND OCCUPATIONAL HISTORY

- Do you smoke tobacco? .....  yes  no
- less than a half pack per day  1 to 2 packs per day  more than 2 packs per day
- cigars  pipe
- Are you a former smoker? .....  yes  no
- quit less than 5 years ago  quit 5 to 10 years ago  quit greater than 10 years ago
- Have you been exposed to second hand smoke? .....  yes  no
- Do you use any of the following currently? .....  yes  no
- marijuana  cocaine  heroin  methadone
- Do you use alcohol on a regular basis? .....  yes  no
- 2 to 3 times per year  once a month  once a week
- 2 to 3 times per week  daily
- Have you ever used pesticides on a regular basis? .....  yes  no
- Have you been exposed to toxic chemicals on a regular basis? .....  yes  no
- Have you been exposed to heavy metals on a regular basis? .....  yes  no
- Have you been exposed to radiation (X-rays) on a regular basis? .....  yes  no
- Have you been exposed to industrial solvents on a regular basis? .....  yes  no

SEXUAL FUNCTION

- What is the average frequency of intercourse?
- less than once a month  once or twice a month  once a week
- two to three times a week  daily
- Do you know when your partner is ovulating? .....  yes  no
- Do you know how to time intercourse to her cycle? .....  yes  no
- Are you able to maintain erections long enough to ejaculate inside your partner? .....  yes  no
- Do you sometimes ejaculate too early? .....  yes  no
- Are you able to maintain erections firm enough to penetrate your partner? .....  yes  no
- Do you require manual stimulation to maintain erections for successful intercourse? .....  yes  no

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PHYSICAL EXAMINATION

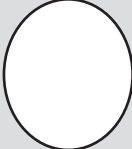
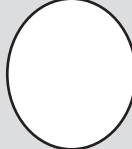

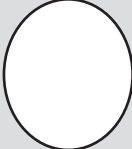
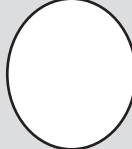

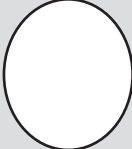
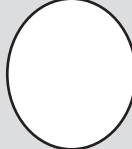

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ BP: \_\_\_\_\_

General appearance:  normal  abnormal  
 Virilization:  normal  abnormal  
 Gynecomastia:  absent  present tanner stage: \_\_\_\_\_

GENERAL EXAMINATION

NECK	<input type="checkbox"/> normal <input type="checkbox"/> supple <input type="checkbox"/> thyromegaly	<input type="checkbox"/> abnormal <input type="checkbox"/> adenopathy <input type="checkbox"/> other	FLANK	<input type="checkbox"/> normal <input type="checkbox"/> tender	<input type="checkbox"/> abnormal <input type="checkbox"/> non-tender
LUNGS	<input type="checkbox"/> normal <input type="checkbox"/> CTAP <input type="checkbox"/> rhonchi	<input type="checkbox"/> abnormal <input type="checkbox"/> rales <input type="checkbox"/> wheeze	ABD	<input type="checkbox"/> normal <input type="checkbox"/> scars <input type="checkbox"/> rebound <input type="checkbox"/> organomegaly	<input type="checkbox"/> abnormal <input type="checkbox"/> tender <input type="checkbox"/> guarding <input type="checkbox"/> mass
COR	<input type="checkbox"/> normal <input type="checkbox"/> RRR <input type="checkbox"/> murmur <input type="checkbox"/> rub	<input type="checkbox"/> abnormal <input type="checkbox"/> regularly irregular <input type="checkbox"/> gallop	EXT	<input type="checkbox"/> normal <input type="checkbox"/> clubbing <input type="checkbox"/> edema	<input type="checkbox"/> abnormal <input type="checkbox"/> cyanosis <input type="checkbox"/> tenderness

GU EXAMINATION

PENIS	<input type="checkbox"/> normal <input type="checkbox"/> circumcised <input type="checkbox"/> terminal meatus <input type="checkbox"/> skin lesions	<input type="checkbox"/> abnormal <input type="checkbox"/> uncircumcised <input type="checkbox"/> hypospadias <input type="checkbox"/> plaques	LEFT EPIDIDYMISS	<input type="checkbox"/> normal <input type="checkbox"/> present <input type="checkbox"/> flat <input type="checkbox"/> tender	<input type="checkbox"/> abnormal <input type="checkbox"/> absent <input type="checkbox"/> full <input type="checkbox"/> indurated						
SCROTUM	<input type="checkbox"/> normal <input type="checkbox"/> hydrocele <input type="checkbox"/> skin lesion <input type="checkbox"/> folliculitis	<input type="checkbox"/> abnormal <input type="checkbox"/> spermatocele <input type="checkbox"/> angiokeratoses	RIGHT EPIDIDYMISS	<input type="checkbox"/> normal <input type="checkbox"/> present <input type="checkbox"/> flat <input type="checkbox"/> tender	<input type="checkbox"/> abnormal <input type="checkbox"/> absent <input type="checkbox"/> full <input type="checkbox"/> indurated						
LEFT TESTIS	<input type="checkbox"/> normal <input type="checkbox"/> _____ cc <input type="checkbox"/> firm <input type="checkbox"/> mass <input type="checkbox"/> no varicocele	<input type="checkbox"/> abnormal <input type="checkbox"/> soft <input type="checkbox"/> tender <input type="checkbox"/> varicocele Grade I II III	LEFT VAS	<input type="checkbox"/> normal <input type="checkbox"/> present <input type="checkbox"/> granuloma	<input type="checkbox"/> abnormal <input type="checkbox"/> absent <input type="checkbox"/> gap						
RIGHT TESTIS	<input type="checkbox"/> normal <input type="checkbox"/> _____ cc <input type="checkbox"/> firm <input type="checkbox"/> mass <input type="checkbox"/> no varicocele	<input type="checkbox"/> abnormal <input type="checkbox"/> soft <input type="checkbox"/> tender <input type="checkbox"/> varicocele Grade I II III	RIGHT VAS	<input type="checkbox"/> normal <input type="checkbox"/> present <input type="checkbox"/> granuloma	<input type="checkbox"/> abnormal <input type="checkbox"/> absent <input type="checkbox"/> gap						
RECTAL EXAMINATION	<input type="checkbox"/> normal anal sphincter tone BCR prostate	<input type="checkbox"/> abnormal <input type="checkbox"/> normal <input type="checkbox"/> abnormal <input type="checkbox"/> normal <input type="checkbox"/> abnormal <input type="checkbox"/> normal <input type="checkbox"/> abnormal <input type="checkbox"/> irregular <input type="checkbox"/> indurated <input type="checkbox"/> tender <input type="checkbox"/> cyst _____ gm	<table border="0"> <tr> <td>RIGHT TESTIS</td> <td>LEFT TESTIS</td> <td>PROSTATE</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </table>			RIGHT TESTIS	LEFT TESTIS	PROSTATE			
RIGHT TESTIS	LEFT TESTIS	PROSTATE									
											



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IMPRESSION

- primary infertility
  - obstructive
  - varicocele 456.4
  - cryptorchidism 752.51
  - retractile testis 752.52
  - atrophy of testis 608.83
  - idiopathic oligospermia 606.1
  - idiopathic azoospermia 606.0
  - pyospermia
  - secondary infertility
  - non-obstructive
  - hypogonadism 257.2
  - hypogonadism, hypogonadotropic 253.4
  - erectile dysfunction, organic 607.84
  - erectile dysfunction, psychogenic 302.72
  - elective sterilization V25.2
  - mixed
  - congenital absence of the vas 752.8
  - genital duct stricture 608.85
  - epididymitis 604.9
  - epididymitis, obstructive 608.85
- ICD9 CODE: \_\_\_\_\_

PLAN

TESTING:

- hormone profile (T FSH LH PRL E2)
- semen analysis
- karyotype
- semen culture
- anitperm anitbodies
- post-ejaculate urine analysis
- expressed prostatic secretion
- liver function studies
- genetic studies
- micro Y
- cystic fibrosis testing
- renal ultrasound
- scrotal ultrasound

RETURN OFFICE VISIT:

- phone call only
- two weeks
- three months
- six months
- one year

MEDICATIONS:

- none
- clomid 25 mg po q day
- teslac 50 mg po bid
- arimidex 1 mg po q day
- other \_\_\_\_\_

- schedule left microsurgical varicocelectomy
- schedule bilateral microsurgical varicocelectomy
- schedule bilateral microsurgical testis biopsy
- schedule bilateral microsurgical vasovasostomy
- schedule bilateral vasoepididymostomy

ESTIMATED TIME: \_\_\_\_\_ minutes