göteborgs KVINNOKLINIK

(MAN)

Name (man)			**Date of birth**	
Name (partner)			**Date of birth**	
Address			**Phone number**	
Civil status Married ❑ Partner ❑			**Are you both registered at the same address?** No ❑ Yes ❑	
Profession			**Height** cm	**Weight** kg
Smoke? No ❑ Yes ❑ Cigarettes/day	**Snuff or other tobacco?** No ❑ Yes ❑ Boxes/week	**Alcohol?** No ❑ Yes ❑ Drinks/week	**Drugs?** No ❑ Yes ❑ Which ones?	**Steroids?** No ❑ Yes ❑ Which ones?

Are there any hereditary diseases in your immediate family? ❑ **No** ❑ **Yes**
If yes, which ones?

Previous illnesses? ❑ **No** ❑ **Yes**

Heart- or lung disease	❑No	❑Yes	Depression	❑ Nej	❑ Ja
Abdominal disease	❑No	❑Yes	Diabetes	❑ Nej	❑ Ja
Hepatitis	❑No	❑Yes	Annan sjukdom	❑ Nej	❑ Ja

Have you had mumps? No ❑ Yes ❑ If yes, did you have testicular swelling?

Medications taken regularly? ❑ **No** ❑ **Yes** If yes, name of the medicine:	**Any allergies?** ❑ **No** ❑ **Yes** If yes, to what?

Are you vaccinated against:

Mumps	❑ No	❑ Yes
Hepatitis B	❑ No	❑ Yes

Any other vaccination during the last 6 months?
No ❑ Yes ❑ If yes, against which disease?

Previous genital diseases? ❑ **No** ❑ **Yes**
If yes, which ones?
❑ Chlamydia
❑ Gonorrhoea
❑ Prostatitis
❑ Urinary tract infection

Have you gone through any genital surgery for example inguinal or scrotal hernia?
No ❑ Yes ❑ If yes, when and where?

How long have you and your partner tried to get pregnant?

Have you gone through an infertility investigation or IVF? No ❑ Yes ❑ If yes, at which clinic?	**Normal semen analysis?** ❑ No ❑ Yes

Pregnancy with present partner? ❑ No ❑ Yes If yes, how many?

If yes, number of children:	Date of birth

Pregnancy with a previous partner? ❑ No ❑ Yes If yes, number of children: Date of birth?

Have you traveled outside Europe during the last 6 months? ❑ No ❑ Yes
If yes, which country?

Have you been treated in a hospital abroad anytime during the last 6 months? ❑ No ❑ Yes

How did you hear about our clinic?
Recommendation ❑ Google ❑ Social media ❑ Ad ❑ Other ❑

Is there anything else that you think would be important for us to know? (Write at the back of the paper)

Date & Signature

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