

Dr Gary Swift
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MALE HISTORY FORM

Date

PERSONAL DETAILS

Full Name

Date of Birth Age

Occupation

Do You Work With Chemicals? If Yes - Details

MEDICAL HISTORY

Do You Suffer From Any Known Medical Problems?

If Yes - Details

Have You Had The Mumps? If Yes - Age?

Have You Ever Had Any Operations (specifically to testes, penis or a hernia)?

If Yes - Details

Smoker - if Yes Qty Per Day? Average Daily Alcohol Intake

Have You Fathered A Previous Pregnancy - Including Miscarriage, Termination and Live Births?

Any Problems With Erection, Intercourse or Ejaculation?

If Yes - Details

Any Known Genetic Disorders In Your Self or Family Members?

If Yes - Details

Any Known Fertility Difficulties In Other Family Members?

If Yes - Details