



The  
Fertility Society  
of Australia



**HEALTHY MALE**  
ANDROLOGY AUSTRALIA

# Male Fertility Assessment

RTAC/ANZARD approved

## Patient info

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Doctor: \_\_\_\_\_  
\_\_\_\_\_

Male: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Partner: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Duration of relationship (years): \_\_\_\_\_

## Male infertility

Primary  Secondary   
Duration (months): \_\_\_\_\_  
Previous fertility (Male): \_\_\_\_\_  
\_\_\_\_\_

## Female infertility

Previous fertility (Female): \_\_\_\_\_ G: \_\_\_\_\_ P: \_\_\_\_\_  
Cycles: \_\_\_\_\_ Contraceptive use: \_\_\_\_\_  
Past history: \_\_\_\_\_ Rx: \_\_\_\_\_  
Fertility tests: \_\_\_\_\_

## Medical history

	No	Yes
Diabetes	<input type="checkbox"/>	<input type="checkbox"/>
Sinupulmonary	<input type="checkbox"/>	<input type="checkbox"/>
Malignancy	<input type="checkbox"/>	<input type="checkbox"/>
Recent pyrexia	<input type="checkbox"/>	<input type="checkbox"/>
Systemic illness	<input type="checkbox"/>	<input type="checkbox"/>
Normal puberty	<input type="checkbox"/>	<input type="checkbox"/>

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Surgical history

	No	Yes
Maldescent of testes	<input type="checkbox"/>	<input type="checkbox"/>
Varicocele ligation	<input type="checkbox"/>	<input type="checkbox"/>
Vasectomy	<input type="checkbox"/>	<input type="checkbox"/>
Genital surgery/ injury	<input type="checkbox"/>	<input type="checkbox"/>
General surgery	<input type="checkbox"/>	<input type="checkbox"/>

► L \_\_\_\_\_ R \_\_\_\_\_ Treatment (year): \_\_\_\_\_  
► L \_\_\_\_\_ R \_\_\_\_\_ Date: \_\_\_\_\_  
Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Family history of infertility

*If yes, details of family and affected members*

No  Yes  No. of brothers: \_\_\_\_\_ No. of infertile brothers: \_\_\_\_\_ No. of untried brothers: \_\_\_\_\_

## Genitourinary problems

STI  Epididymis  Orchitis  UTI  Mumps  Torsion

Comments: \_\_\_\_\_  
Medication/Drugs: \_\_\_\_\_  
Allergies: \_\_\_\_\_ Tobacco: \_\_\_\_\_  
Alcohol: \_\_\_\_\_ Anabolic steroids: \_\_\_\_\_  
Environmental/Occupation: \_\_\_\_\_

## Coital history

Libido: \_\_\_\_\_ Frequency / week: \_\_\_\_\_ Erections: \_\_\_\_\_  
Ejaculation: \_\_\_\_\_ Timing of intercourse: Random  Fertile phase

Sexual dysfunction No  Yes  Comments: *Refer to Clinical Summary Guide #8 (Premature Ejaculation); #9 (Erectile Dysfunction)*  
Erectile dysfunction No  Yes   
Retrograde ejaculation No  Yes

**Examination**

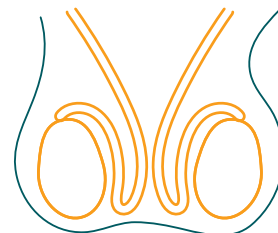
Refer to Clinical Summary Guide #1 (Male Genital Examination); #3 (Adulthood)

General: \_\_\_\_\_

BMI: \_\_\_\_\_ kg/m<sup>2</sup> Androgen status: \_\_\_\_\_ Normal  Abnormal  Gynaecomastia: \_\_\_\_\_

**Genital** Penis: \_\_\_\_\_ Scrotum: \_\_\_\_\_

R. Testicular size (mL)	<input type="text"/>	L. Testicular size (mL)	<input type="text"/>
R. Varicocele	<input type="text"/>	L. Varicocele	<input type="text"/>
R. Epididymis	<input type="text"/>	L. Epididymis	<input type="text"/>
R. Vasa	<input type="text"/>	L. Vasa	<input type="text"/>



Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Investigations**

Date	LH (IU/L)	FSH (IU/L)	T (nM)	Calc free T (pM)	PRL (IU/L)	SHBG(nM)

**Semen analyses**

Date	Vol (mLs)	Sperm conc	Total (mill/ejac)	Motility total (Prog)	Morph (%)	Viability (%)	pH	Sperm Abs

<b>Spermatogenic failure</b>	
1 = Idiopathic (unexplained)	
2 = Genetic - Klinefelter	
3 = Genetic - Y deletion	
4 = Genetic - other	
5 = Testis damage - cancer treatment	
6 = Testis damage - other (incl. vascular, infective, traumatic)	
7 = Gonadotrophin deficiency	
<b>Obstruction</b>	
8 = Vasectomy	
9 = Congenital absence of the vas deference/cystic fibrosis	
10 = Obstructive disorder (other)	
<b>Erectile &amp; ejaculatory</b>	
11 = Erectile dysfunction (incl. psychosexual)	
12 = Ejaculatory disorders (incl. retrograde and anejaculation)	

Testicular biopsy: Left  Right

\_\_\_\_\_

Karyotype: \_\_\_\_\_

Y Chromosome deletion: \_\_\_\_\_

Ultrasound: \_\_\_\_\_

Other: \_\_\_\_\_

Case summary/plan: \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Tests