

# Advanced Reproductive Center of Hawaii

Christopher T.F. Huang, MD  
1319 Punahou Street, Suite 520, Honolulu, Hawaii 96826  
Phone: (808) 949-6611 Fax: (808) 949-6610

## MALE HISTORY

**NAME:** \_\_\_\_\_ **AGE:** \_\_\_\_\_ **BIRTHDATE:** \_\_\_\_\_

**SOCIAL SECURITY NUMBER:** \_\_\_\_\_

Who referred you for In-Vitro Fertilization treatment? \_\_\_\_\_

**FAMILY HISTORY:** Any history of the following in your immediate family (Mother, Father, Siblings):

Alcoholism \_\_\_\_\_ Birth Defects \_\_\_\_\_

Breast Disease \_\_\_\_\_ Cancer \_\_\_\_\_

Diabetes \_\_\_\_\_ Heart Disease \_\_\_\_\_

High Blood Pressure \_\_\_\_\_ Infertility/Miscarriage \_\_\_\_\_

**GENERAL HEALTH HISTORY:** Please indicate if you have ever experienced any of the following:

Headaches  Asthma  Heart Problems  High Blood Pressure  Thyroid Problems  
 Cancer  Diabetes  Liver Problems  Abnormal Hair Growth  Drug Abuse  
 Depression  Anxiety  Kidney Problems  Other \_\_\_\_\_

**Any known drug allergies:** \_\_\_\_\_

Current medications that you are taking: \_\_\_\_\_

Have you ever had a blood transfusion?  NO  YES If so, when? \_\_\_\_\_

**SURGICAL HISTORY:** Please list all surgical procedures that you have had:

DATE	TYPE OF SURGERY	PHYSICIAN	FINDINGS (IF ANY)

**REPRODUCTIVE HISTORY:**

Have you ever fathered any children?  NO  YES If yes, when? \_\_\_\_\_

Do you have difficulty with erection and/or ejaculation?  NO  YES \_\_\_\_\_

Have you ever had a vasectomy?  NO  YES \_\_\_\_\_

Have you ever had a semen analysis?  NO  YES If yes, when? \_\_\_\_\_

Results: \_\_\_\_\_

Are there any birth defects in your family?  NO  YES If yes, type of defect? \_\_\_\_\_

**SOCIAL HISTORY:**

Do you smoke?  NO  YES If yes, how much per day? \_\_\_\_\_

Do you drink alcohol?  NO  YES If yes, how often? \_\_\_\_\_

Do you use illicit drugs?  NO  YES If yes, how often? \_\_\_\_\_