

What to Talk About at the Doctor's Office... *The Preconception Medical Visit*

Men's Version

Fill this out now and bring it with you to your scheduled appointment.

Name: _____

Age: _____ Height: _____ Weight: _____

1. Here is my past medical history. (Put an X by anything you have **now** or had **in the past**)

- Asthma
- Cancer (type of: _____)
- Chicken pox (at what age? _____)
- Diabetes
- Depression
- Epilepsy
- High blood pressure or heart disease
- HIV/AIDS
- Iron overload or "high iron" (hemochromatosis)
- Kidney disease
- Lupus
- Mumps
- Sexually transmitted disease
- Testicular infection or surgery
- Thyroid problems

2. Yes No I currently experience some sexual dysfunction (i.e. trouble with getting an erection). If yes, explain: _____

(note whether you are an avid cyclist)

3. Some inherited diseases are more common among certain ethnicities. My ethnic origin is: _____
My partner's ethnic origin is: _____

4. I do do not know my blood type. _____

5. I have a blood relative who has or had (put X):

- Bleeding disorder (e.g., hemophilia)
- Birth defects
- Mental retardation
- Sickle-cell disease
- Tay-Sachs
- Muscular dystrophy
- Cystic fibrosis
- Huntington's chorea

6. Yes No I use medication for hair loss (or have used them in the past, and still have some left at home)

7. I take the following oral or topical prescription medications, over-the-counter medications, herbs, natural cold/flu remedies: (include anything within the past 6 months)

(Ask) Should I be avoiding any of these while we're trying to conceive? _____

8. I do do not know whether my mother took DES (diethylstilbesterol) while she was pregnant with me.

9. We now practice _____ method of birth control (if any). Between now and the time to "start trying," we plan to use _____ method of contraception. (If your partner is going off birth control medication for a few months prior to conception, you will need to choose a barrier method such as condoms.)

10. (Choose one)

Yes No I work around chemicals, solvents, lead, or other potential hazards.

Yes No We own a cat who uses a litter box. Who cleans the kitty litter box now? _____

Yes No I like to lounge in a Jacuzzi or sauna periodically.

Yes No I use one or more recreational drugs such as marijuana, cocaine, "meth," IV drugs, etc.

Yes No I may find it difficult to cut down on alcoholic beverages (including beer, wine, hard alcohol)

Yes No I smoke cigarettes. How many? _____ and how often? _____

Yes No I smoke cigars (and/or a pipe)?
How many? _____ and how often? _____

11. (Choose one)

I drink more than 1 to 2 alcoholic beverages within a 24-hour period.

Everyday Often

Sometimes Never

12. Have you ever fathered a child in the past? _____

13. What best describes your current lifestyle:

Mostly sedentary Sporadically active

Regularly active

(Exercise workouts Daily Manual labor)

14. (Ask) Are there any tests that I should have before I begin to increase my exercise regimen or prepare for conception?