LIVIO
Fertilitetscentrum
Umeå

In preparation for the first visit at IVF Clinic (man)

Name:		**S S number:**
Name of partner:		**S S number:**
Married: no □ yes □	**Cohabitation:** no □ yes □	For how long have you been a couple:
E-mail:		**Cell phone number::**
Occupation:		
Smoking no □ yes □ How much: Duration:	**Chew** no □ yes □ How much: Duration:	**Alcohol** no □ yes □ How much a week?
Length:	**Weight:**	

Earlier and/or present diseases	**No**	**Yes**	**Year**	**Earlier and/or present diseases**	**No**	**Yes**	**Year**
Diabetes				Kidney disease			
Heart disease				Abdominal operation			
Lung disease				Andrological operation, e.g. inguinal hernia, scrotal hernia, testicles			
Haemophilia (tendency to bleed)				Venereal disease, e.g. Chlamydia			
Rheumatic disease				Depression (medically treated)			
Hepatitis				Other serious disease			
Thrombosis							

Andrological health declaration

Urinary tract infection: no □ yes □ when:		**Tenderness in testicles/scrotum:** no □ yes □	
Pregnancy in earlier relationship: no □ yes □		**Number of pregnancies**:	
Children:	Miscarriage:	Ectopic pregnancy:	Abortions:
Earlier sperm sample: no □ yes □ When:			
Results from sperm sample analysis according to the information you received:			
Medication : no □ yes □ Type of medication			
Hypersensitivity: no □ yes □ What substance:			
Hypersensitive to medication: no □ yes □ Type of medication:			
Have you been treated in hospital in any other country since 1990? no □ yes □ When? Any culture test performed?			
Any other significant information concerning your health:			

Date ……..... Sign ……

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