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?

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