

## PATIENT INFORMATION FORM

### PATIENT DETAILS

<b>Patient Name</b>	<b>Date of Birth</b>	<b>Medical Record / ID No:</b>
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text" value="DD / MM / YYYY"/>	<input style="width: 95%;" type="text"/>
<b>Phone No: (Optional)</b>	<b>Email: (Optional)</b>	
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	
<b>Partner's Name</b>	<b>Partner's Date of Birth</b>	<b>Years of Infertility</b>
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text" value="DD / MM / YYYY"/>	<input style="width: 95%;" type="text"/>

### PATIENT SEROLOGY REPORT

<b>Serology Report Date</b>	<b>Patient Serology Status</b>	<b>If Positive Specify Details</b>
<input style="width: 95%;" type="text" value="DD / MM / YYYY"/>	<input type="checkbox"/> -VE <input type="checkbox"/> +VE	<input style="width: 95%;" type="text"/>

### SAMPLE COLLECTION DETAILS

<b>Hospital / Centre Name</b>	<b>Tests</b>	<b>Collection Date / Time</b>
<input style="width: 95%;" type="text"/>	<input type="checkbox"/> SCSA® Test	<input style="width: 95%;" type="text" value="DD/MM/YYYY"/> <input style="width: 95%;" type="text" value="HH:MM"/>
<b>Doctor Name</b>	<input type="checkbox"/> Semen Analysis	<b>Abstinence</b> <b>Count</b>
<input style="width: 95%;" type="text"/>	<input type="checkbox"/> _____	<input style="width: 95%;" type="text" value="Days"/> <input style="width: 95%;" type="text" value="M/ml"/>

### OCCUPATIONAL EXPOSURE & LIFESTYLE HABITS

**Occupation Related Exposures (If any)**

Fertilizers/Pesticides    Chemicals/Dyes    Dust/Cement    Paints/Solvents    Radiation    High Temperature

<b>Smoking</b>	<b>Alcohol Consumption</b>	<b>Others</b>
<input type="checkbox"/> Yes <input type="checkbox"/> Occasional <input type="checkbox"/> No <input type="checkbox"/> Quit	<input type="checkbox"/> Yes <input type="checkbox"/> Occasional <input type="checkbox"/> No <input type="checkbox"/> Quit	<input type="checkbox"/> Gym Supplements

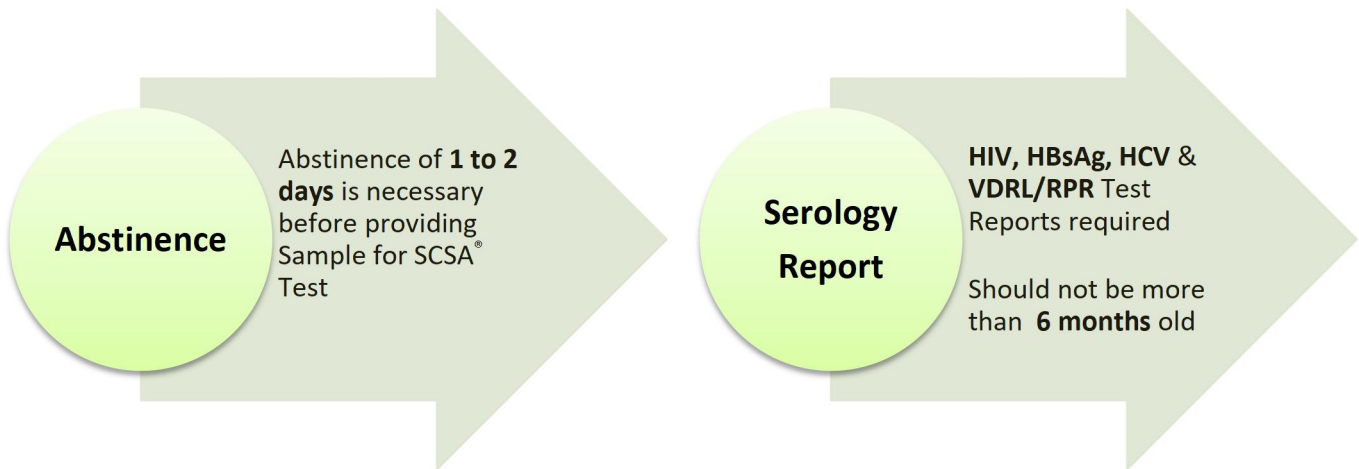
### PATIENT MEDICAL HISTORY

<p><b>Conditions Within Past 6 Months</b></p> <p><input type="checkbox"/> Fever &gt;104°F   <input type="checkbox"/> Jaundice   <input type="checkbox"/> Typhoid   <input type="checkbox"/> Tuberculosis   <input type="checkbox"/> UTI</p> <p><input type="checkbox"/> Mumps   <input type="checkbox"/> Covid19   <input type="checkbox"/> Others _____</p> <p><b>Past Surgical History</b></p> <p><input type="checkbox"/> Varicocelelectomy   <input type="checkbox"/> Hydrocelelectomy   <input type="checkbox"/> Penal/Testis Surgery</p> <p><input type="checkbox"/> Undescended Testis   <input type="checkbox"/> Vasectomy/Reversal</p> <p><input type="checkbox"/> Circumcision   <input type="checkbox"/> Others _____</p>	<p><b>Existing Medical Conditions</b></p> <p><input type="checkbox"/> Diabetes   <input type="checkbox"/> BP   <input type="checkbox"/> Cholesterol   <input type="checkbox"/> Thyroid   <input type="checkbox"/> Erectile Dysfunction</p> <p><b>Current Medications</b></p> <p><input type="checkbox"/> Diabetes   <input type="checkbox"/> BP   <input type="checkbox"/> Cholesterol   <input type="checkbox"/> Thyroid   <input type="checkbox"/> Antioxidants</p> <p><input type="checkbox"/> Anti-anxiety/Cortisones   <input type="checkbox"/> Steroids   <input type="checkbox"/> Fertility Medicines</p> <p><input type="checkbox"/> Others _____</p>
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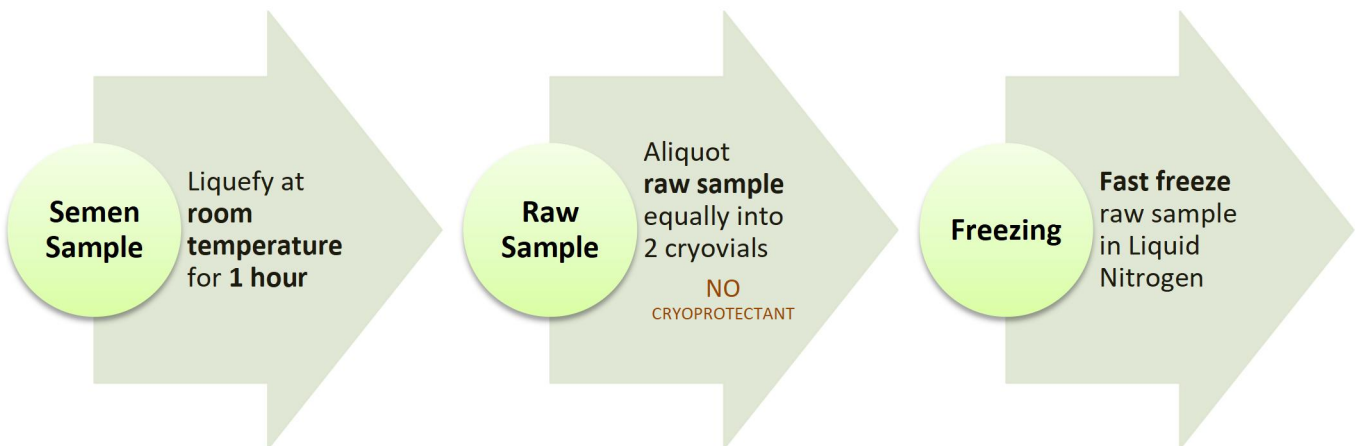
### PATIENT FERTILITY HISTORY

<p><b>Type of Infertility</b></p> <p><input type="checkbox"/> Primary   <input type="checkbox"/> Secondary</p> <p><b>Miscarriages</b></p> <p><input type="checkbox"/> Yes   <input type="checkbox"/> No</p>	<p><b>Previous ART Treatments</b></p> <p><input type="checkbox"/> IUI [cycles]   <input type="checkbox"/> ICSI [cycles]   <input type="checkbox"/> IVF [cycles]   <input type="checkbox"/> TESA [cycles]</p>	<p>Details of the semen test have been explained to my complete satisfaction. I give my consent to Andrology Center to process my sample for testing and to also use any clinical, personally unidentifiable information, for research.</p> <p style="text-align: right;">(Signature)</p>
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## BEFORE COLLECTION



## SAMPLE COLLECTION



## AFTER COLLECTION

