

BASIC DATA

Date*

Titel

Last name*

First name*

Date of birth*

Place of birth*

Insurance no.

Insurance company

Nationality*

E-mail*

Current address**

City/postcode*

Country*

(Mobile) phone*

Occupation

Employer

I am*

- ☐ married ☐ in a registered partnership
☐ in a partnership/cohabitation ☐ single

We are planning to be treated (date)

PARTNER

Titel

Last name*

First name*

BASIC DATA

Have you ever visited a urologist?

☐ Yes ☐ No

If yes: Name (and address)

Has your sperm quality ever been tested using a spermiogram/sperm analysis?

☐ Yes ☐ No

If yes: What were the results?

Did you have relevant surgeries?

Have any genetic testings been made (karyogram)?

☐ Yes ☐ No

If yes: What were the results?

Do you have children?

☐ Yes ☐ No

If yes: How many? (dates of birth)

Did/do you smoke?

☐ Yes ☐ No

If yes: How many cigarettes a day?

Do you drink alcohol?

☐ Yes ☐ No

If yes:

☐ Regularly ☐ Seldom

What is your current weight and height?

<input type="text"/>	kg	<input type="text"/>	cm	<input type="text"/>	BMI
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Do you experience any problems with ejaculation or with the stiffness of your penis during intercourse? ☐ Yes ☐ No

If yes: Which problems?

Did you ever have mumps in your childhood (swelling of the parotis gland combined with swelling of the testicles)? ☐ Yes ☐ No

As a child, were you ever treated for an undescended testicle?

☐ Yes ☐ No

Do you regularly take any medication?

☐ Yes ☐ No

If yes: Name of the medication

Do you suffer or have you suffered from infectious diseases (HIV, hepatitis, syphilis, etc.)? ☐ Yes ☐ No

If yes: Which disease?

Have you ever undergone chromosome testing (analysis of your blood for defects in your genetic material/genes)?

☐ Yes ☐ No

If yes: When?

Other important information:

Cancellation fees: The fee for the first consultation is EUR 150.00. You may cancel your binding registration via e-mail or phone. You may cancel your registration up to 24 hours before the first consultation free of charge. If you cancel at short notice (less than 24 hours before the first consultation) or fail to appear, 100% of the costs will be charged. Please return this completed medical history questionnaire immediately so that your first consultation can be fixed. Thank you!