



Southwest Fertility Center for Men Phone Interview Intake Form

Guest Name: _____ DOB: _____ Age: _____
Phone: _____ Email: _____
Address: _____
City: _____ State: _____ Zip: _____
Marital status: partner / engaged / married / not in a relationship Career: _____

Wt: _____ Ht: _____ BMI: _____
Do you snore?: Y | N
Sleep Apnea: Y | N
How many years since Vasectomy? _____
Any problems with Vasectomy? Y | N If yes, describe: _____
Previous children? Y | N
Previous General anesthesia? Y | N Any problems? Y | N If yes, describe: _____
Previous Sedation? Y | N Any problems? Y | N If yes, describe: _____
Any other surgeries? _____
Drug allergies: _____ No Known Drug Allergies
Current medications/supplements: _____

Do you have any Medical problems? Y | N
If yes, please list: _____
Do you smoke? Y | N
Do you consume alcohol? Y | N
Hobbies: _____

Partner Name: _____ DOB: _____ Age: _____
Regular cycles: Y | N Phone #: _____ Email: _____
Career: _____ Previous children? Y | N

How did you hear about Dr. Kuang? _____

Internal use only

Date: _____ Simple Complex IVF Other _____