



AYA Young Male Fertility Checklist

SURNAME _____	NHI _____
FIRST NAME: _____	
DOB: _____	SEX _____
Please ensure patient details are completed here	

Adolescent and Young Adult (AYA) Young Male Fertility Checklist

Checklist	Date and signature
Ascertained the effect treatment will have on fertility	
Any fertility issues that may arise from treatment outlined to the young person and family (Discussion documented in clinical notes)	
Information pack on fertility provided to the young person and family (one each). (The young person has the opportunity made available to be seen alone for part of this consultation)	
Is sperm banking to go ahead yes / no Notes	
Process of sperm collection outlined to the young person (in Paediatric setting ensure this is completed prior to scheduled theatre bookings)	
Fertility Associates consent form, referral and serology screen completed. (This to accompany specimen)	
Sperm analysis results obtained and relayed to young person	
If not a good count, options to complete further specimens discussed	
A sperm sample ascertained yes / no Notes	
Young person has had explained that they should always consider themselves fertile. Contraception options discussed.	
Through late effects clinic post treatment sperm analysis and future fertility issues will be discussed and facilitated if wanted by the young person.	
If the young person has sperm banked they are aware of the importance to keep their address updated with fertility associates	

