acupuncture center of la jolla

Men's Fertility History

CONFIDENTIAL

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NAME	DATE

PLEASE CIRLCE YOUR ANSWERS

How long have you and your partner been trying to conceive? _____

How is your sexual energy?	Low	Normal	High
Do you have an undescended testes?		Yes	No
Have you ever been diagnosed with a varicocele?		Yes	No
Have you had any urologic surgeries?		Yes	No
Have you had a vasectomy reversed?		Yes	No
Have you experienced difficulty maintaining erection?		Yes	No
Have you experienced difficulty ejaculating?		Yes	No
Have you been exposed to any known environmental toxins or hormones?		Yes	No
Do you smoke?		Yes	No
Have you experienced any penile discharge?		Yes	No
Do you regularly experience nocturnal emission?		Yes	No
Have you had a fertility workup?		Yes	No
If yes, what was your sperm count?	Below normal	Normal	Number _____
What was the sperm motility?	Below normal	Normal	Notes _____
What was the sperm morphology?	Below normal	Normal	Notes _____

Please list any prescription medications you are currently taking: _____

_____

_____

Please list any non-prescription medications you are currently taking, including herbs, supplements, and over-the-counter medications: _____

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Notes: _____

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