

# Male Fertility History

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## Acupuncture & Chinese Medicine Center

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Patient's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Today's date: \_\_\_\_\_

Name of spouse: \_\_\_\_\_ Is she a patient of this office? Yes \_\_\_\_ No \_\_\_\_

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

Are you currently undergoing assisted reproductive fertility treatments? (IUI, IVF, ICSI, Superovulation, etc) Yes \_\_\_\_ No \_\_\_\_

If yes, at what Clinic \_\_\_\_\_

How would you define your sexual energy? Below normal \_\_\_\_ Normal \_\_\_\_ High \_\_\_\_

Have you had a recent (in what year \_\_\_\_\_) physical exam? Yes \_\_\_\_ No \_\_\_\_

Do (or did) you have an undescended testicle? Yes \_\_\_\_ No \_\_\_\_

Have you ever been diagnosed with a varicocele? Yes \_\_\_\_ No \_\_\_\_

Have you ever had any urologic surgeries? Yes \_\_\_\_ No \_\_\_\_

Have you experienced erectile dysfunction? Yes \_\_\_\_ No \_\_\_\_

Have you experienced difficulty with ejaculation? Yes \_\_\_\_ No \_\_\_\_

Have you had exposure to any known environmental toxins or hormones? Yes \_\_\_\_ No \_\_\_\_

Do you regularly experience nocturnal emission? Yes \_\_\_\_ No \_\_\_\_

Do you have high cholesterol? Yes \_\_\_\_ No \_\_\_\_ Unknown \_\_\_\_

Have you experienced a high fever in the last 6 months? Yes \_\_\_\_ No \_\_\_\_

Do you currently have any prostate conditions? Yes \_\_\_\_ No \_\_\_\_

Have you had your testosterone levels checked? Yes \_\_\_\_ No \_\_\_\_

If yes, When \_\_\_\_\_ Below normal \_\_\_\_ Normal \_\_\_\_

Have you ever taken testosterone supplements/drugs? Yes \_\_\_\_ No \_\_\_\_

Have you had a fertility workup? (please bring the lab. report with your initial appointment) Yes \_\_\_\_ No \_\_\_\_

If yes, When \_\_\_\_\_, what was your sperm count? Below normal \_\_\_\_ Normal \_\_\_\_\_, Count number \_\_\_\_\_

What was the sperm motility? Below normal \_\_\_\_ Normal \_\_\_\_\_,

What was the sperm morphology? Abnormal \_\_\_\_ Normal \_\_\_\_\_

Besides fertility, list your main health concerns in order of importance to you:

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_