



Men's Fertility History

CONFIDENTIAL

Eastern Harmony Acupuncture & Herbal Clinic ■ 4611 Montrose Blvd, Suite A201 ■ Houston, TX 77006 Phone: 713-529-1610 Fax: 713-529-6870
www.easternharmonyclinic.com

NAME (LAST, FIRST, MIDDLE)	DATE
----------------------------	------

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

How would you define your sexual energy? Below normal Normal

	<u>Yes</u>	<u>No</u>
Do you have an undescended testes?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever been diagnosed with a varicocele?	<input type="checkbox"/>	<input type="checkbox"/>
Have you had any urologic surgeries?	<input type="checkbox"/>	<input type="checkbox"/>
Have you experienced difficulty maintaining erection?.....	<input type="checkbox"/>	<input type="checkbox"/>
Have you experienced difficulty ejaculating?.....	<input type="checkbox"/>	<input type="checkbox"/>
Have you had exposure to any known environmental toxins or hormones?.....	<input type="checkbox"/>	<input type="checkbox"/>
Have you experienced any penile discharge?	<input type="checkbox"/>	<input type="checkbox"/>
Do you regularly experience nocturnal emission?.....	<input type="checkbox"/>	<input type="checkbox"/>
Have you had a fertility workup?.....	<input type="checkbox"/>	<input type="checkbox"/>

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? Abnormal Normal Notes _____

COMMENTS/NOTES