

健康

San Francisco Integrative Medicine
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Men's Fertility History

CONFIDENTIAL

Please answer the following questions:

1. How long have you and your partner been trying to conceive? _____
2. How is your sexual energy? Low Normal High
3. Do you have undescended testes? Yes No
4. Have you ever been diagnosed with a varicocele? Yes No
5. Have you had any urologic surgeries? Yes No
6. Have you had a vasectomy reversed? Yes No
7. Have you experienced difficulty maintaining an erection? Yes No
8. Have you experienced difficulty ejaculating? Yes No
9. Do you experience premature ejaculation? Yes No
10. Have you been exposed to any known environmental toxins or hormones? Yes No
11. Do you smoke? Yes No
12. Do you eat lots of processed snack foods? Yes No
13. Have you experienced penile discharge? Yes No
14. Do you regularly experience nocturnal emissions? Yes No
15. Have you had a fertility workup? Yes No
If yes, what was your sperm count? Below normal Normal Number _____
16. What was the sperm motility? Below normal Normal
Specifics _____
17. What was your sperm morphology? Below normal Normal
Specifics _____

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

Notes: