SAN FRANCISCO INTEGRATIVE MEDICINE

San Francisco Integrative Medicine & Acupuncture, Inc.
870 Market Street, Ste. 1117
San Francisco, CA 94102
(415) 362-4600 phone

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: