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Men's Fertility History

Confidential

Name	Date
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How long have you been trying to conceive? _____

Have you have a fertility work up? Yes No

If yes,

What was your sperm motility Normal Below normal Number

What was your sperm count Normal Below normal Number

What was your sperm morphology Normal Below normal Number

Your sexual energy is Normal Low High

Have you ever been diagnosed with varicocele? Yes No

Have you had difficulty maintaining erections? Yes No

Have you had any difficulty with ejaculating? Yes No

Have you had any penile discharge? Yes No

Have you had any urologic surgeries? Yes No

Have you had exposure to any environmental toxins? Yes No

Have you had any difficulty urinating? Yes No

Have you ever been diagnosed with a STD? Yes No

If yes, please describe _____