

Bethany Richardson, L.Ac., Dipl.Ac.  
 4207 Gardendale Street, Suite B103, San Antonio TX 78229  
 p. 210.999.5579



## Men's Fertility History

Confidential

Name	Date
------	------

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 \_\_\_\_\_