



MEN'S FERTILITY HISTORY

2160 Fletcher Parkway, Suite M, El Cajon, CA 92020

619/602-3366

Name _____ Date _____

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

How is your sexual energy? Low Normal High

Do you have an undescended testes? Yes No

Have you ever been diagnosed with a varicocele? Yes Yes

Have you had any urologic surgeries? Yes No

Have you had a vasectomy? Yes No

Have you experienced difficulty maintaining an erection? Yes No

Have you been exposed to any known environmental toxins or hormones?
Yes No

Do you smoke? Yes No

Have you experienced any penile discharge? Yes No

Do you regularly experience nocturnal emission? Yes No

Have you had a fertility workup? Yes No

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? Below normal Normal Notes _____

Please list any prescription medications you are currently taking _____

Please list any non-prescription medications you are taking, including herbs, supplements and over the counter medications

Practitioner Notes: _____
