



Men's Fertility History

CONFIDENTIAL

Sarai Stapleton, M.A.O.M., L. Ac. * Axis Acupuncture of Austin * 5758 Balcones Dr., #105, Austin, TX 78731* 512.963.0037

NAME (LAST, FIRST, MI)	DATE
------------------------	------

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

How would you define your sexual energy? ' Below normal ' Normal

	<u>Yes</u>	<u>No</u>
Do you have an undescended testes? -----	''	''
Have you ever been diagnosed with a varicocele? -----	''	''
Have you had any urological surgeries? -----	''	''
Have you experienced difficulty maintaining an erection? -----	''	''
Have you experienced difficulty ejaculating? -----	''	''
Have you had exposure to any known environmental toxins or hormones? -----	''	''
Do you experience any penile discharge? -----	''	''
Do you regularly experience nocturnal emission? -----	''	''
Have you had a semen analysis? -----	''	''

If yes, what was your sperm count? ' Below Normal ' Normal Number _____

What was the sperm motility? ' Below Normal ' Normal Comments _____

What was the sperm morphology? ' Abnormal ' Normal Comments _____

ADDITIONAL COMMENTS: