

Men's Fertility History

CONFIDENTIAL

Infinite Healing Center - 6638 E. Baseline Rd., Suite 103 Mesa AZ 85206

Name (Last,First,Middle)	Date
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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?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever been diagnosed with a varicocele?	<input type="checkbox"/>	<input type="checkbox"/>
Have you had any urologic surgeries?	<input type="checkbox"/>	<input type="checkbox"/>
Have you experienced difficulty maintaining erection?	<input type="checkbox"/>	<input type="checkbox"/>
Have you experienced difficulty ejaculating?	<input type="checkbox"/>	<input type="checkbox"/>
Have you had exposure to any known environmental toxins or hormones?	<input type="checkbox"/>	<input type="checkbox"/>
Have you experienced any penile discharge?	<input type="checkbox"/>	<input type="checkbox"/>
Do you regularly experience nocturnal emission?	<input type="checkbox"/>	<input type="checkbox"/>
Have you had a fertility workup?	<input type="checkbox"/>	<input type="checkbox"/>

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? Abnormal Normal Notes _____

Comments/Notes

