

# MEN'S REPRODUCTIVE HISTORY

**CONFIDENTIAL**

NAME (LAST, FIRST, MIDDLE)

DATE

How long have you been trying to conceive? \_\_\_\_\_

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

Do you have undescended testes? Yes No

Have you ever been diagnosed with a varicocele? Yes No

Have you had any urologic surgeries? Yes No

Have you experienced difficulty maintaining erection? Yes No

Have you experienced difficulty ejaculating? Yes No

Have you ever had exposure to any known environmental toxins or hormones? 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

Please provide a copy of lab results or complete the following:

Date			
Volume (2-5 cc)			
Concentration (>20 million)			
Motility (>50%)			
TMS (>40 million)			



**ISTHMUS ACUPUNCTURE CENTER, LLC**  
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