



The Center For Reproductive Healing

Men's Fertility History

CONFIDENTIAL

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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

Yes

No

Do you have an undescended testes?

Have you ever been diagnosed with a varicocele?

Have you had any urologic surgeries?

Have you experienced difficulty maintaining erection?

Have you experienced difficulty ejaculating?

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

Have you experienced any penile discharge?

Do you regularly experience nocturnal emission?

Have you had a fertility workup?

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