

San Diego Fertility Acupuncture  
Jessica Chalnick, L.Ac., MSTOM

1991 Village Park Way, Suite 203B ■ Encinitas, CA 92024 ■ o:(888) 341-1511 ■ www.sdfertilityacupuncture.com

NAME (LAST, FIRST, MIDDLE)

DATE

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

How is your sexual energy?  Low  Normal  High

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 had a vasectomy reversed?  Yes  No

Have you experienced difficulty maintaining an erection?  Yes  No

Have you experienced difficulty ejaculating?  Yes  No

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

Do you smoke?  Yes  No

Do you eat soy products?  Yes  No

Do you eat lots of processed snack foods?  Yes  No

Have you experienced penile discharge?  Yes  No

Do you regularly experience nocturnal emissions?  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 Specifics \_\_\_\_\_

What was your sperm morphology?  Below normal  Normal Specifics \_\_\_\_\_

Are you taking any prescription medications?  Yes  No

If so, what are they?

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

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Notes:

