

MALE REPRODUCTIVE HEALTH HISTORY

| | |
|------------------------------|-------------|
| OBGYN Doctor | Start Date: |
| Reproductive Endocrinologist | Start Date: |
| Other Reprod. Endo & clinic | Start Date: |

Western diagnosis: _____

Is your partner being treated by us? Y /N

Partner's Name _____

Chart # Office use only

Partner's Western Diagnosis: _____

Has the patient father children? Y N If so, how many _____

| Semen Analysis Results: | | Do you have a copy of your Semen Analysis? Y N | | |
|-------------------------|-------|--|----------|--------|
| Date | Count | Morphology | Motility | Volume |
| | | | | |
| | | | | |
| | | | | |

| Procedures History | | | | |
|--------------------|------------|-----------|-------------------|--------------------------|
| Date | Varicocele | Vasectomy | Reverse Vasectomy | SCSA / DN/ Anti-sperm Ab |
| | | | | |
| | | | | |
| | | | | |

| Reproductive History | | Yes | Yes |
|-------------------------------|--------------------------|------------------------|--------------------------|
| Infection(s) (Type) _____ | <input type="checkbox"/> | Erectile Dysfunction | <input type="checkbox"/> |
| (Type) _____ | <input type="checkbox"/> | Ejaculation Problems | <input type="checkbox"/> |
| Chlamydia | <input type="checkbox"/> | Retrograde Ejaculation | <input type="checkbox"/> |
| Herpes | <input type="checkbox"/> | Prostate Problems | <input type="checkbox"/> |
| GC | <input type="checkbox"/> | High Cholesterol | <input type="checkbox"/> |
| Syphillis | <input type="checkbox"/> | Diabetes | <input type="checkbox"/> |
| Other STD's | <input type="checkbox"/> | Antisperm Antibodies | <input type="checkbox"/> |
| Sperm Chromatid/DNA Integrity | <input type="checkbox"/> | Other _____ | <input type="checkbox"/> |

| Couples ART Plans | | | | | |
|-------------------|-----|--------|-----|------|-------|
| Date | IUI | Clomid | PGD | TESA | Other |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

Qi Harmony

18 N. San Mateo Drive, San Mateo, CA 94401

Lorraine Mock, L. AC

Patient's Name _____ Today's Date _____