the caporale center of natural health
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CONFIDENTIAL

men's fertility history

NAME (LAST, FIRST, MIDDLE)	DATE

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

How would you best describe your sexual energy?

☐ BELOW NORMAL ☐ NORMAL ☐ ABOVE NORMAL ☐ HIGH

Please check Yes or No beside each question.

	YES	NO
Do you have undescended testes?	☐	☐
Have you ever been diagnosed with a varicocale?	☐	☐
Have you had any urologic surgeries?	☐	☐
Have you had a vasectomy reversed?	☐	☐
Have you experienced difficulty maintaining erection?	☐	☐
Have you experienced difficulty ejaculating?	☐	☐
Have you been exposed to any known environmental toxins or hormones?	☐	☐
Do you smoke?	☐	☐
Have you experienced any penile discharge?	☐	☐
Do you regularly experience nocturnal emission?	☐	☐
Have you had a fertility workup?	☐	☐

If yes, what is your sperm count? ☐ BELOW NORMAL ☐ NORMAL NUMBER: _____

What was the sperm motility? ☐ BELOW NORMAL ☐ NORMAL NOTES: _____

What was the sperm morphology? ☐ BELOW NORMAL ☐ NORMAL NOTES: _____

COMMENTS / NOTES