



L.Ac., M.Ac.O.M.

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JAPANESE & CHINESE ACUPUNCTURE
CHINESE HERBAL MEDICINE

Men's Fertility History Confidential

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Name _____ Date _____

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 testis?		
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 environmental toxins/hormones?		
Have you experienced penile discharge?		
Do you regularly experience nocturnal emission?		
Have you had a fertility workup?		
<p>If yes, what was your sperm count? ___below normal ___normal # _____</p> <p>What was the sperm motility? ___below normal ___normal Notes:</p> <p>What was the sperm morphology? ___abnormal ___normal Notes:</p>		