



Your path to optimal wellness starts here.

MALES

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

How would you define your sexual energy? _____ Below normal _____ Normal

Have you had a recent physical exam? _____ Yes _____ No If yes, when? _____

Do you or did you have an undescended testicle? _____ Yes _____ No

Have you ever been diagnosed with a varicocele? _____ Yes _____ No

Have you ever had urologic surgeries? _____ Yes _____ No If yes, please detail:

Have you experienced erectile dysfunction? _____ Yes _____ No

Have you experienced difficulty ejaculating? _____ Yes _____ No

Have you had exposure to environmental toxins or hormones? _____ Yes _____ No

Have you experienced any penile discharge? _____ Yes _____ No

Do you regularly experience nocturnal emissions? _____ Yes _____ No

Do you have high cholesterol? _____ Yes _____ No

Have you experienced a high fever in the last 6 months? _____ Yes _____ No

Do you currently have a prostate condition? _____ Yes _____ No

Do you or have you ever had urinary tract infections? _____ Yes _____ No

Have you ever contracted STDs? _____ Yes _____ No If yes, which STD: _____

Have you ever taken testosterone supplements/drugs? _____ Yes _____ No

Have your testosterone levels been checked? _____ Yes _____ No If yes: _____ Normal _____ Low

Have you been diagnosed with small or soft testis? _____ Yes _____ No

Have you been checked for blockage of your reproductive tract? _____ Yes _____ No

Have you had a fertility workup? _____ Yes _____ No

If no, please discuss this with your MD

If yes, what was your sperm count? _____ million

What was the sperm motility? _____ %

What was the sperm morphology? _____ %

What was the volume? _____ ml

How many days of abstinence? _____

Has the sperm DNA fragmentation been checked? ____ Yes ____ No

If yes, what is the DNA Sperm Fragmentation %? _____

If you have impregnated a female partner in the past, please describe if full term, miscarriage, or therapeutic abortion (include the number of pregnancies, your age at the time, and any complications): _____

Sample Diet

Write down all the foods and drinks consumed over the next two days, starting today.

Please add as much information as possible including quantities eaten brand names, and whether the food is fresh or packaged, refined or natural.

Day 1

Breakfast: _____

Lunch: _____

Dinner: _____

Snacks/Drinks: _____

Day 2

Breakfast: _____

Lunch: _____

Dinner: _____

Snacks/Drinks: _____

Are these two days representative of your usual eating habits? If not, what is usual?

Breakfast: _____

Lunch: _____

Dinner: _____

Snacks/Drinks: _____