1920 Bull Street Columbia, South Carolina 29201 www.palmettoacupuncture.com P 803.806.8889 F 803.806.8893

Date	First Name	Last Name	Middle Initial
____ / ____ / ____			

Gender M F	Date of Birth	Age	Body Type	Height:	Weight:	Complexion:	Occupation
	____ / ____ / ____						

Name of your doctor/ Fertility Specialist: RMFC / CCRM / FCC / Conceptions / CU
Other OBGYN doctor _____ Start Date: _____ Month/ Year

Western Diagnosis _____

1. Results for Sperm Analysis:

Date	Count	Morphology	Motility	Volume

2. Do we have a copy of your Semen Analysis? Y / N

3. Other Procedures/ Date:

Varicocele	Vasectomy	Vasectomy Reversal	SCSA / ASA	Others

4. Do you take any of these Supplements and/or Vitamins?

# of Months on Vitamins	Male Vitamins	Mega Man	Fish Oil	L - Carrnatine	L - Arganine	Antioxidants	EWA Complete List

Other: _____
_____
_____

5. Couples ART Plans:

IUI	Clomid	IVF	PGD	TESA	Other

6. Has the patient father children Y / N If so, how many _____

7. Male Health

Infection	Chlamydia,	Erectile Dysfunction	Ejaculation Problems	Retrograde Ejaculation	Prostate
	Y / N	Y / N	Y / N	Y / N	Y / N

8. Male Health Continued

Antisperm Antibodies	Sperm Chromatid / DNA Integrity	High Cholesterol	Diabetes (fasting, glucose)	Others
Y / N	Y / N	Y / N	Y / N	

9. Is you Spouse currently being treated by us? Y / N

10. Spouse's Name _____

11. Western Diagnosis of Spouse _____