

# Acupuncture & Skin Rejuvenation Center

## PATIENT INFORMATION

Name: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Sex: Male \_\_\_\_\_ Female \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_  
(month) (day) (year)

Marital Status: Single \_\_\_\_\_ Married \_\_\_\_\_ Divorced \_\_\_\_\_ Widowed \_\_\_\_\_ # of Children \_\_\_\_\_

Social Security Number: \_\_\_\_\_ (optional)

Driver's License or  
Photo ID REQUIRED: \_\_\_\_\_  
(State) (ID Number)

Home Address: \_\_\_\_\_

Home Number: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

Occupation: \_\_\_\_\_ Work Number: \_\_\_\_\_

### WHO WOULD WE CALL IN CASE OF EMERGENCY?

NAME: \_\_\_\_\_

EMERGENCY TELEPHONE NUMBER: \_\_\_\_\_

Do you have health insurance? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, does your insurer cover acupuncture? Yes \_\_\_\_\_ No \_\_\_\_\_

Name & Policy Number of Insurer (REQUIRED):

\_\_\_\_\_  
(Insurance Company)

\_\_\_\_\_  
(Policy Number)

Whom may we thank for referring you to our office? \_\_\_\_\_

Please list any known allergies

\_\_\_\_\_  
\_\_\_\_\_

# FERTILITY HISTORY-MAN

CONFIDENTIAL

NAME LAST, FIRST, MIDDLE \_\_\_\_\_

DATE \_\_\_\_\_

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

How would you define your sexual energy? Below normal Normal

Do you have an undescended testes? \_\_\_\_\_ Yes No

Have you ever been diagnosed with a varicocele? \_\_\_\_\_ Yes No

Have you had any urologic surgeries? \_\_\_\_\_ Yes No

Have you experienced difficulty maintaining erection? \_\_\_\_\_ Yes No

Have you experienced difficulty ejaculating? \_\_\_\_\_ Yes No

Have you had exposure to any known environmental toxins or hormones? \_\_\_\_\_ Yes No

Have you experienced any penile discharge? \_\_\_\_\_ Yes No

Do you regularly experience nocturnal emission? \_\_\_\_\_ Yes No

Have you had a fertility workup? \_\_\_\_\_ Yes No

If yes, what was your sperm count? Below normal Normal Number \_\_\_\_\_

What was the sperm motility? Below normal Normal Notes \_\_\_\_\_

What was the sperm morphology? Abnormal Normal Notes \_\_\_\_\_

COMMENTS/NOTES: \_\_\_\_\_