



Name: _____

Date: _____

MEN'S HEALTH FORM

Do you usually get up to urinate during the night? ___ Yes ___ No

If yes:

Number of times _____

Do you feel pain or burning with urination? ___ Yes ___ No

Is there any blood in your urine? ___ Yes ___ No

How long have you and your partner been trying to conceive? N/A or _____

How would you define your sexual energy? ___ Above Normal ___ Normal ___ Below Normal

Date of last prostate and rectal exam (mm/dd/yyyy) _____

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 any urologic surgeries? ___ Yes ___ No

If yes:

Month / Year	Reason	Hospital

Have you experienced erectile dysfunction? ___ 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

Do you have high cholesterol? ___Yes ___No

Have you experienced a high fever in the last 6 months? ___Yes ___No

If yes:

What was the cause? _____

Do you currently have any prostate conditions? ___Yes ___No

If yes:

List the conditions: _____

Do you or have you ever had urinary infections or STD's? ___Yes ___No

If yes:

Which ones? _____

Have you ever taken testosterone supplements/drugs? ___Yes ___No

If yes:

Which ones? _____

Have you recently had your testosterone levels checked ___Yes ___No

If yes:

What were the levels? _____

Have you been diagnosed with small or soft testi? ___Yes ___No

Have you been checked for a blockage of your reproductive tract? ___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: _____

Additional comments or questions:

You have now completed the Men's Health Form for Body In Balance Acupuncture. Please make sure to fill out the General Health History Questionnaire. Please bring both forms to your initial assessment. Thank you.