

VASECTOMY CONSULT

PATIENT TO FILL OUT

Fill in the blank or circle a response

Date _____

Phone (H) _____ (W) _____

Name _____

Wife's/Partner's Name _____

Age _____

Age _____

Marriage: 0 1st 2nd 3rd

Marriage: 0 1st 2nd 3rd

Current marriage # years _____

Current marriage # years _____

What is the quality of your marriage? _____

Any marital problems? _____

Any sexual functioning problems? _____

Children's ages and sex: _____

Do you have a religious conflict with vasectomy? Yes No

Current contraceptive _____

Are you or your wife experiencing any problems with this? _____

Have you considered tubal ligation? _____

Why do you want a vasectomy? _____

How long have you been thinking about limiting your family size? _____

Patient's Health	Good	Poor
Wife's/Partner's Health	Good	Poor

Is there genetic disease in the family leading you to choose vasectomy? Yes No _____

Are you concerned about anything in particular in regards to the vasectomy? If so, describe: _____

How well do you tolerate pain? Well OK Poorly

Do you have a tendency to faint? Yes No

Past Medical History

Epididymitis?	Y	N	Do you have bleeding tendencies?	Y	N
VD, prostatitis, urine infection?	Y	N	Do you take aspirin?	Y	N
Have any major illness?	Y	N	Hernia now?	Y	N
Trauma in the groin	Y	N	Hernia or groin surgery previously?	Y	N

Allergies to medications: _____

Regular medications: _____

PHYSICIAN TO FILL OUT

Physical Exam:

Hernia	_____	No	_____	Yes
Testicles	_____	Normal	_____	Abnormal
Vas - palpable bilaterally	_____	Yes	_____	No
# Punctures anticipated	_____	One	_____	Two
Urethral discharge	_____	No	_____	Yes
Scrotal contents	_____	Normal	_____	varicocele R L
			_____	spermatocele R L
Skin	_____	Normal	_____	Abnormal

Counseling:

Vasectomy information reviewed _____
 Post operative instructions reviewed _____
 Vasectomy quiz reviewed _____
 Consent form signed _____

 Physician Signature

Post Op

Date surgery performed _____

	<u>DATE</u>	<u>RESULT</u>	<u>ANALYSIS BY: (MD)</u>	<u>PT. NOTIFIED BY:</u>
Semen check #1	_____	_____	_____	_____
Semen check #2	_____	_____	_____	_____
Semen check #3	_____	_____	_____	_____
Semen check #4	_____	_____	_____	_____
Semen check #5	_____	_____	_____	_____
Semen check #6	_____	_____	_____	_____

2 NEGATIVE SAMPLES (ABSENT OF SPERM) ARE NEEDED BEFORE STOPPING OTHER METHODS OF CONTRACEPTION.

THE FIRST SAMPLE IS RECOMMENDED 6 WEEKS AFTER VASECTOMY. SUBSEQUENT SAMPLES ARE DONE EVERY 4 WEEKS TILL CLEAR. (6,10,14).

SAMPLES MAY BE CHECKED ANNUALLY IF DESIRED.