

You are here because you are interested in having a vasectomy [yes] [no]

(Please Circle or fill in

Notes

How many children do you have? 1 2 3 4 5 6 7 8 more

[Yes] [No] If married, does your spouse agree with the decision for you to have a vasectomy?

What contraception are you using now or planning to use? _____

[Yes] [No] Pain in testes or scrotum?

[Yes] [No] Prior infection of testicle or epididymis?

[Yes] [No] Skin infections?

[Yes] [No] Prior surgery of any kind on testicles or scrotum?

[Yes] [No] Slow urinary stream or difficulty starting urination?

[Yes] [No] Urinating too frequently (more than 6 times a day)?

[Yes] [No] Urinary tract infection [Kidney] [Bladder] [Prostate]

[Yes] [No] Recent fevers or chills?

[Yes] [No] Have you been to a urologist before?

[Yes] [No] Difficulty with erections?

[Yes] [No] Do you take aspirin?

[Yes] [No] Do you take any pain medications? (Ibuprofen, Advil, Aleve)

Who is your regular primary Medical Doctor? _____

Address: _____

-----Do not write in enclosed space-----

HPI

CONTINUE ON TO THE NEXT PAGE

Please fill in all drugs or medications that you are **allergic to or cannot tolerate**

Allergies	(list all allergies)				

Please fill in **ALL drugs, medications, or pills** including over the counter medications and supplements that you are currently taking

Date	Drug Name	Dosage	Refill Date	Refill Date	Refill Date

Have you had problems with . . .? (circle if [Yes])

- | | |
|-----------------------------------|---------------------------------|
| [Yes] [No] Eyes/Ears | [Yes] [No] Arthritis |
| [Yes] [No] Mouth/Throat | [Yes] [No] Joint problems |
| [Yes] [No] Heart attack | [Yes] [No] Back problems |
| [Yes] [No] Heart murmur | [Yes] [No] Anemia |
| [Yes] [No] Irregular heart rhythm | [Yes] [No] Bleeding tendency |
| [Yes] [No] Chest pain | [Yes] [No] Psychiatric problems |
| [Yes] [No] High blood pressure | [Yes] [No] Depression |
| [Yes] [No] Shortness of breath | [Yes] [No] Seizure/epilepsy |
| [Yes] [No] Cough | [Yes] [No] Stroke |
| [Yes] [No] Asthma | [Yes] [No] Headache |
| [Yes] [No] Stomach pain | [Yes] [No] Weight loss or gain |
| [Yes] [No] Ulcer | [Yes] [No] Chronic pain |
| [Yes] [No] Diarrhea | [Yes] [No] Sweats |
| [Yes] [No] Constipation | [Yes] [No] Diabetes |
| [Yes] [No] Blood in stool | [Yes] [No] Thyroid problems |
| [Yes] [No] Skin problems | |

List **all** previous operations or surgeries

List **all** previous serious illnesses or injuries

Do you require antibiotics before surgical or dental procedures? [Yes] [No] [Don't know]

Do you drink alcoholic beverages? [never] [occasional] [moderate] [heavy]

ARE THERE ANY OTHER PROBLEMS THAT HAVE NOT BEEN MENTIONED?

Stop here!

Note: This information to be completed by the physician

Constitutional

BP___/___ Pulse___ reg/irreg Resp___ Wt.____Ht.____
general appearance [well-developed] [well nourished] thin obese ill pale other_____

Respiratory

respiratory effort [Normal] abnl _____ percussion [Normal] abnl _____
AP diameter [Normal] [Increased] auscultation [clear] abnl _____

Cardiovascular

[RRR, no MRG] abnl _____
Peripheral Vascularity Edema 0 + ++ +++ +++++ Varicosities Rt. [yes] [no] Left. [yes] [no]

Abdomen

[Normal HSK] Masses _[None] _____
Hernia Right [None] _____ Hernia Left [None } _____

Male Genitourinary Exam

penis [circ] [uncirc] [Normal] abnl _____
scrotum [Normal] abnl _____ testes [Normal] abnl _____ Epididymides [Normal] abnl _____
Vasa Right [Normal] abnl _____ Vas Left [Normal] abnl _____

Lymph (adenopathy) Groin [None] Other [None]

Skin General [Normal] abnl _____

Neurological/Psychiatric

Orientation [Normal] abnl _____
Mood and affect [Normal] [anxious] [agitated] [depressed] other _____
Ability to make decisions and understand discussion [Yes] [No]

Impression ___Desires Vasectomy [Yes] [No] _____

[] Risks, benefits and alternative therapies and expectations discussed.

[] Bleeding, pain, infection, recanalization, long term effects, granuloma/pain discussed.

Dr. Signature: _____

James E. Gottesman MD Wayne D. Weissman MD

Letter sent to: _____ MD Face to face time _____

Print Name (clearly) _____ Date _____