

VASECTOMY CLINIC

Date.....

Surname..... First name.....

Occupation..... DOB.....

Address.....

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Ph:(H)..... (W)..... G.P.....

Patient profile

1. Marital status: M DF Sep. Div S W. Years in relationship.....
2. Children: Number..... Ages..... Sex.....
3. Contraceptive..... Contraceptive problems ?.....
4. Reason for vasectomy?
5. Do you have any conflicts with having a vasectomy ? Yes No

Partner profile

1. Partners name..... Age.....

Medical History

1. Epididymitis/Orchitis or other infection?
2. Hernia/Surgery.....Allergies.....
3. Medications.....
4. Major illnesses.....
5. Psychiatric history.....

VASMAN Clinics

How did you hear about VASMAN clinics? Circle

1. Radio – Radiosport Other 2. Newspaper 3. Word of mouth 4. Other - please state

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Physical Examination

(Hernia?, Vas bilaterally palpable?, Urethral discharge?, Varicocoele?, Testicles -?normal)

Counseling: Anatomy Technique Effect on patient Complications
Follow up

Op Note