

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

Please circle or complete the following.

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

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

What form of contraception are you presently using? _____

Do you have a history of any of the following?

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

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

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

[Yes] [No] History of trauma to testes or scrotum?

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

[Yes] [No] Previous urinary tract infections? [Kidney] [Bladder] [Prostate]

[Yes] [No] Recent fevers or chills?

[Yes] [No] Have you been seen by a urologist before?

[Yes] [No] Difficulty with erections?

[Yes] [No] Have you been taking aspirin in the last ten days?

[Yes] [No] Do you take pain medication for chronic pain of any kind?

Who is your primary Medical Doctor? _____

Address: _____

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

HPI

CONTINUE ON TO THE NEXT PAGE

Please list all medications that you are **allergic to or cannot tolerate**.

Drug	Allergic Rxn.				

Please list **ALL prescription medications** as well as over the counter drugs and supplements that you are currently taking.

Date	Drug Name	Dosage	Start Date	Last Taken	Add'l Info

Have you had problems with or history of any of the following?

- | | |
|-----------------------------------|---------------------------------|
| [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 surgeries.

List **all** previous serious illnesses or injuries.

Do you require antibiotics before surgical or dental procedures? [Yes] [No]

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

Stop here!

Note: The following is to be completed by the physician:

Constitutional

Wt. _____ Ht. _____

General appearance: well-developed/well-nourished thin/obese ill/pale Other: _____

Respiratory

Resps. # _____ Respiratory Effort [Normal] abnl _____ Percussion [Normal] abnl _____

AP Diameter [Normal] Increased Auscultation [Clear] abnl _____

Cardiovascular

BP _____ / _____ Pulse _____ reg/irreg

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 _____

Rt. Testes [Normal] abnl _____ Lft. Testes [Normal] abnl _____ Epididymides [Normal] abnl _____

Vas Right [Normal] abnl _____ Vas Left [Normal] abnl _____ Varicocele [None] yes _____

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

Skin [Normal] abnl _____

Neurological/Psychiatric

Orientation [Normal] abnl _____

Mood and Affect [Normal] [Anxious] [Agitated] [Depressed] Other _____

Able 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: _____

Wayne D. Weissman MD

Letter sent to: _____ MD Face to face time _____

Print Name (clearly) _____ Date _____