

Registration Form

Vasectomy

Patient Information

Date : _____

First Name		Last Name	
Address		City	Postal Code
Care Card Number (PHN)		Date of Birth (m/d/y)	
Age	Preferred Phone Number		Alternative Phone Number
Email		Occupation	
Weight	Height	Waist Line	
Emergency Contact Name (First, Last)		Emergency Contact Phone	

Family Doctor

Doctor's Name (First, Last)		Doctor's Phone
Doctor's Address (Street, City, Province)		

Family Information

What is your current relationship status?

- Single Divorced
 Common Law Separated
 Married

Length of relationship (Write N/A if none)	Partner's Age (Write N/A if none)
Do you have children together?	Age(s) (Write N/A if none)

Yes No

	Yes	No
Do you have children from a previous relationship?	<input type="radio"/>	<input type="radio"/>
Age(s) (Write N/A if none):		
Does your partner have children from a previous relationship?	<input type="radio"/>	<input type="radio"/>
Age(s) (Write N/A if none):		
Is your partner currently pregnant?	<input type="radio"/>	<input type="radio"/>
If yes, what is the delivery date?		

Contraception

What method(s) of contraception do you use?

- | | |
|---|--|
| <input type="checkbox"/> Birth control pill | <input type="checkbox"/> Tubal ligaton |
| <input type="checkbox"/> Condom | <input type="checkbox"/> Rhythm |
| <input type="checkbox"/> Diaphragm | <input type="checkbox"/> Withdrawal |
| <input type="checkbox"/> Cervical cap | <input type="checkbox"/> Other |
| <input type="checkbox"/> IUD | Please specify method: |
| <input type="checkbox"/> Depoprovera | _____ |

Medical History

Please check any of the following that apply to you: (Please check all that applies)

- | | |
|--|---|
| <input type="checkbox"/> Ongoing ache, pressure or pain in the testicle or groin | <input type="checkbox"/> Herpes |
| <input type="checkbox"/> Bleeding problems (including family history of it) | <input type="checkbox"/> Scrotal or testicular injury or trauma |
| <input type="checkbox"/> Depression | <input type="checkbox"/> Undescended testis |
| <input type="checkbox"/> Epilepsy | <input type="checkbox"/> History of fainting due to medical procedure or injection |
| <input type="checkbox"/> Hepatitis A, B, C | <input type="checkbox"/> Are you bothered by a tight band on the underside of your penis causing pain or bleeding during sex? |
| <input type="checkbox"/> Prostatitis | <input type="checkbox"/> Have you ever considered having a circumcision for any medical or personal reasons? |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Other |
| <input type="checkbox"/> AIDS | <input type="checkbox"/> NONE OF THE ABOVE |
| <input type="checkbox"/> Genital warts | If "other" please specify: |

Surgical History

Please check if you have had any of the following:

- | | |
|--|---|
| <input type="checkbox"/> Inguinal or sports hernia in the groin area | <input type="checkbox"/> Scrotal or testicular surgery (including lowering of undescended testis) |
| <input type="checkbox"/> Previous vasectomy | <input type="checkbox"/> NONE OF THE ABOVE |
| <input type="checkbox"/> Vasectomy reversal | |

Medications

Please list any medications you are taking including name and dosage: (including Aspirin, Advil, other anti-inflammatories)
Write "N/A" if none

Allergies

Please list your allergies
Write "N/A" if none

Sperm Storage

Will you be storing sperm?

- I will be storing sperm
 I will NOT be storing sperm

Vasectomy Consent and Agreement

Please review and consent to the following:

- I have read all of the information regarding no-scalpel no-needle vasectomy.
- I understand that risks and potential complications include:
- A bruised sensation to the scrotum for a few days to a few weeks after the procedure.
 - Some mild bleeding into the scrotum (1/100) which may form a small tender swelling for a few days.
 - Scrotal hematoma (1/3,000) – a major bleed into the scrotum causing a grapefruit sized tender scrotum disabling you for 2 months or more (You should call our doctors immediately if you notice any significant swelling in your scrotum after your procedure).
 - Infection which may require antibiotics (1/300) – More serious infection is possible i.e. abscess formation that may require intravenous antibiotics.
 - Epididymitis – Tender swelling of the epididymis which is part of the tube that joins to the testicles (1/50). It almost invariably resolves with anti-inflammatories, ice and rest.
 - Sperm granuloma – A painful lump that may develop at the site where the tube was blocked made of leaked sperm (1/300), same treatment as above usually effective.
 - Post vasectomy pain syndrome (1/5,000) – A very rare complication of pain in the testicles that can persist for months or years and may be quite debilitating. Some men may never completely recover from this problem or it may resolve on its own or another surgical procedure may be required.

- Late failure – A rare outcome in about 1/3,000 men who even after a successful vasectomy showing no sperm seen, still manage to impregnate their partner.
- Vasovagal reaction (1/10,00)—Rarely, some men have felt faint minutes to hours after the procedure. While most men can drive themselves home, some men may feel more comfortable bringing a designated driver. We routinely keep all men for 10 minutes after surgery for monitoring.
- Psychological reactions that could interfere with normal sexual function (1/10,000).
- Other complications have been reported (1/10,000) – Some studies have reported a small increase in prostate cancer after a vasectomy. Many other studies have shown no increased risk. Most experts agree that vasectomy does not cause cancer.

- I understand that while most men are cleared after 1 semen test at 3 months, some men will take longer than 3 months to clear all sperm.
- I understand that while most men can drive themselves to our office and back home, if there is any history of easy fainting you are advised to bring a driver.
- I know I must not drink alcohol for 48 hours before and for 48 hours after the procedure.
- I know I must not take aspirin (ASA), anticoagulants (warfarin), or anti-inflammatories (NSAIDS) such as ibuprofen, Advil, Motrin, Aleve, etc, 7 days before the procedure and for 2 days after.
- I have discussed having a vasectomy with my partner and he/she is supportive of my decision (Please call our office to discuss if this is not the case).
- I understand that Drs. Pollock and Chang are not enrolled in the B.C. Medical Services Plan and that the fees for no-scalpel no-needle vasectomy procedures at Pollock Clinics are paid directly by the client, as specified on the website.
- I understand that if I book my vasectomy and do not show up OR if I cancel my vasectomy with less than 2 business days notice OR if I do something I was clearly instructed not to do (ie. Take ASA, NSAIDS or anticoagulants within the previous week) thereby requiring my surgery to be cancelled, there will be a \$250 cancellation fee.

Name

Date

Signature