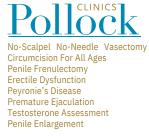
Registration Form

Vasectomy



Patient Information First Name Address Care Card Number (PHN)			Date:		
				Last Name City Postal Code 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, Las	st)			Doctor's Phone	
Doctor's Address (Street	, City, Province)				
Family Information What is your current rela	tionship status?				
Single	Divorced				
Common Law	Separated				
Separated					
Length of realtionship (Write N/A if none)				Partner's Age (Write N/A if none)	
		Yes	No		
Do you have children to	gether?			Age(s) (Write N/A if none)	

		Yes No
Do you have children fro	m a previous relationship?	
Age(s) (Write N/A if none	e):	
Does your partner have	children from a previous relationship	?
Age(s) (Write N/A if none	e):	
Is your partner currently	pregnant?	
If yes, what is the delive	ry date?	
Contraception What method(s) of contra	aception do you use?	
Birth control pill	Tubal ligaton	
Condom	Rhythm	
Diaphragm	Withdrawal	
Cervical cap	Other	
☐ IUD	Please specify method:	
Depoprovera		
Ongoing ache, pressu	following that apply to you: (Please ch ure or pain in the testicle or groin ncluding family history of it)	eck all that applies) Herpes Scrotal or testicular injury or trauma Undescended testis History of fainting due to medical procedure or injection Are you bothered by a tight band on the underside of you penis causing pain or bleeding during sex? Have you ever considered having a circumcision for any medical or personal reasons? Other NONE OF THE ABOVE If "other" please specify:
Surgical History		
Please check if you have	had any of the following:	
☐ Inguinal or sports he☐ Previous vasectomy☐ Vasectomy reversal		crotal or testicular surgery (including lowering of undescended testis) ONE OF THE ABOVE

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 Dr. Pollock, Dr. Chang and Dr. Goldstein 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.

Date

Name

Signature