

No-Scalpel Vasectomy Pre-Procedure Consent Note

Date: _____

Vitals: BP ____/____ Wt. ____

I have identified this patient to be _____.

(PATIENT NAME) is a **(AGE)** year old patient presenting for a consultation exam prior to a no scalpel vasectomy procedure. This procedure is performed for permanent sterilization. We discussed all other available contraceptive options. Today the visit includes pre-operative examination and counseling prior to vasectomy.

History:

Number of children _____.

Age less than 35? _____. If yes, further counseling done **(YES/NO)**.

Age of youngest child _____.

Do you have a partner?

- Yes
- No

Married?

- Yes
- No

Age of partner _____.

Number of years with current partner _____.

Partner's number of children _____.

Type of birth control currently used: _____.

Medical history reviewed. Significant PMH _____.

History of injury or surgery involving the scrotum or testicles:

- Yes: _____.
- No

Bleeding disorder or current anticoagulation therapy:

- Yes: _____.
- No

Medications: _____.

Allergies: _____.

Any symptoms that might indicate presence of active STI, balanitis/epididymitis/orchitis, or systemic infection.

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Physical Exam:

Genitals normal; both testes normal without tenderness, masses, hydroceles, varicoceles, erythema or swelling. Shaft normal, meatus normal without discharge. No inguinal hernia noted. No inguinal lymphadenopathy.

- Circumcised
- Uncircumcised

Counseling done and sterilization consent reviewed with patient:

- Yes: _____.
- No

Date consent signed: _____ (Month/Day/Year)

Pre-operative instructions given and vasectomy scheduled for _____(Month/Day/Year)