**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.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**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)