



## VASECTOMY REGISTRATION FORM

### PATIENT INFORMATION

Date: \_\_\_\_\_

\_\_\_\_\_  
LAST NAME

\_\_\_\_\_  
FIRST NAME

\_\_\_\_\_  
DATE OF BIRTH M/D/Y

\_\_\_\_\_  
OHIP NUMBER ---- - - - - -

\_\_\_\_\_  
ADDRESS

\_\_\_\_\_  
CITY

\_\_\_\_\_  
POSTAL CODE

\_\_\_\_\_  
HOME PHONE

\_\_\_\_\_  
PREF. CONTACT (*if diff*)

\_\_\_\_\_  
EMAIL

\_\_\_\_\_  
EMERGENCY CONTACT NAME

\_\_\_\_\_  
PHONE

### FAMILY INFORMATION

What is your current relationship status?

Single     Common Law     Married     Divorced     Separated

Length of relationship: \_\_\_\_\_

Partner's Age: \_\_\_\_\_

Do you have children together?

No     Yes    Age(s): \_\_\_\_\_

Do you have children from a previous relationship?

No     Yes    Age(s): \_\_\_\_\_

Is your partner currently pregnant?

No     Yes    Delivery date: \_\_\_\_\_

### CONTRACEPTION

Birth control pill

Cervical cap

Condom

Depoprovera

Diaphragm

IUD

Rhythm

Tubal Ligaton

Withdrawal

Other (please specify): \_\_\_\_\_

**MEDICAL HISTORY**

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

- |   |                          |   |                          |
|---|--------------------------|---|--------------------------|
| Ache, pressure or pain in the testicle or groin.....    | <input type="checkbox"/> | Genital warts.....  | <input type="checkbox"/> |
| Bleeding problems (including family history of it)..... | <input type="checkbox"/> | Herpes.....   | <input type="checkbox"/> |
| Depression .....  | <input type="checkbox"/> | Scrotal or testicular injury or trauma.....   | <input type="checkbox"/> |
| Epilepsy.....   | <input type="checkbox"/> | Undescended testis.....   | <input type="checkbox"/> |
| Hepatitis A, B, C.....                                  | <input type="checkbox"/> | History of fainting due to medical procedure or injection.....  | <input type="checkbox"/> |
| Prostatitis.....  | <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"/> |
| Diabetes.....   | <input type="checkbox"/> | Have you ever considered having a circumcision for any medical or personal reasons?.....                  | <input type="checkbox"/> |
| AIDS.....   | <input type="checkbox"/> |   |                          |
| Other.....  | <input type="checkbox"/> |   |                          |

**SURGICAL HISTORY**

Please check if you have had any of the following:

- |                         |                          |  |                          |
|-------------------------|--------------------------|--|--------------------------|
| Hernia.....             | <input type="checkbox"/> | Vasectomy reversal.....                    | <input type="checkbox"/> |
| Previous vasectomy..... | <input type="checkbox"/> | Scrotal or testicular surgery .....        | <input type="checkbox"/> |
|                         |                          | (including lowering of undescended testis) |                          |

**MEDICATIONS**

Please list any medications you are taking including name and dosage: (including Aspirin, Advil, other anti-inflammatories)

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**ALLERGIES**

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**VASECTOMY AGREEMENT**

- I have read all of the information in the **Gentle Procedures Clinic website/information package**
- I understand all the potential complications of the surgery including scrotal hematoma, infection, epididymitis, sperm granuloma, post vasectomy pain syndrome and late failure and have had all questions answered to my satisfaction.
- I will be storing sperm \_\_\_\_\_ (initial here)      I will NOT be storing sperm \_\_\_\_\_ (initial here)
- I understand that my vasectomy is fully covered by OHIP
- 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 or any other products containing ASA for 7 days before the procedure and for 2 days after.
- I know I must not take Non-Steroidal Anti-Inflammatories (NSAIDS) such as Ibuprofen, Advil, Motrin, Aleve etc. for 7 days before the procedure.
- I know I must not take anticoagulants such as warfarin for 7 days before the procedure and for 2 days after. (Please note: you must get your doctor or specialist’s permission to stop this medication for 7 days).
- I have discussed having a vasectomy with my partner and she/he is supportive of this decision. We are aware of other options for birth control.
- I understand that if I book my vasectomy and do not show up OR if I cancel my vasectomy with less than 5 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, I am required to pay a **\$250** cancellation fee to **Gentle Procedures Clinic Toronto**
- I understand that the above will be non-negotiable except in the presence of a medical emergency to myself or my immediate family member for which I will require medical documentation to support.

PATIENT SIGNATURE:

DATE:

\_\_\_\_\_

\_\_\_\_\_

**Office Use Only**

Time In: _____
HR: _____ BP: _____
Time Out (Discharge):
HR: _____ BP: _____