

**UROLOGIC CLINICS OF NORTH ALABAMA
VASECTOMY HISTORY & PHYSICAL**

Name: _____ **Your Age:** _____

How many children? _____ **Ages:** _____

What form of contraception do you use now? _____

Urologic History:

1. Do you have any voiding problems? Yes / No

If yes, what _____

2. Do you or have you had kidney stones? Yes / No

If yes, how many and how treated _____

3. Do you have any erection problems/ premature ejaculation? Yes / No

If yes, detail _____

4. Do you have any genital lesions? Yes / No

If yes, what _____

Allergies: Are you allergic to

Local anesthetics Betadine Other _____

Medical history: Circle all that apply. None: _____

Diabetes High Blood Pressure Bleeding problems

Anxiety Fainting spells Heart problems

Cancer _____ Other _____

Medications: that you are on. None _____

Blood thinners Pain Killers Other _____

Family history: Any family history of

Prostate Cancer Bleeding problems

Does your spouse give consent for this vasectomy? Yes / No

Signature of Patient: _____ Date: _____

PHYSICIAN NOTES

General appearance: Normal Other _____

Pulse _____ Resp _____ Temp _____ F Ht _____ ft _____ in Wt _____ lbs

External genitalia:

Penis: Circd/ uncircd, Lesions _____

Scrotum: Normal / Other _____

Epididymis: Normal / Other _____

Vasa: Bilaterally palpable

Assessment:

1. Sterilization
2. _____
3. _____

Plan:

1. No Scalpel Vasectomy
2. _____
3. _____

The patient was explained the procedure, risks and complications and printed literature on "No Scalpel Vasectomy" which he read and understood. Any questions he had regarding the procedure was answered. He also understands that he is not considered sterile till two semen samples at four and six weeks are negative. *Patient initial* _____.

Urinalysis:

Leukocytes: _____ Nitrite: _____ Urobilinogen _____ Protein: _____ Blood: _____ Sp.Gravity: _____
pH: _____ Ketone: _____ Bilirubin: _____ Glucose: _____ WBC: _____ RBC: _____
Yeist: _____ Bacteria: _____ Ep.Cells: _____ Crystals: _____ Casts: _____ Other: _____

Signed _____
(Amit Chakrabarty, M.D.)

Dated _____

UROLOGIC CLINICS OF NORTH ALABAMA
VASECTOMY INSTRUCTIONS

1. Cut the pubic hairs short and shave in the front of the scrotum below the penis.
2. Take a shower with soap just before coming for your vasectomy.
3. Wear tight clean underwear and preferably bring along a clean jock strap with you.
4. Let the doctor know if you are very anxious so that he may prescribe some tranquilizers.
5. We prefer that you have someone to drive you home after the procedure.
6. Do not take any aspirin or pain killers one week prior to the procedure. If you are on any blood thinners, please let the doctor know.
7. If you need any kind of antibiotic prophylaxis before procedures (mitral valve prolapse, heart or other prosthetics please let the doctor know.
8. After the procedure, take rest at home and put an ice pack on the scrotum for two to four hours.
9. Avoid strenuous activity for a few days post operatively. No intercourse for 4 to 5 days at least.
10. Take Tylenol for pain.
11. Continue birth control measures till two semen samples at four and six weeks, are examined and declared to be negative.
12. Some pain, swelling and discoloration is normal. Call the office if you develop the following:
 - excessive pain or swelling, esp if increasing in size.
 - Discharge from the incision, esp if foul smelling.
 - Fever