



# Urology of Indiana, LLC

## Vasectomy Patient

Date \_\_\_\_\_

Patient Name \_\_\_\_\_ Referring Physician \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Weight \_\_\_\_\_ Height \_\_\_\_\_ Race \_\_\_\_\_ Sex \_\_\_\_\_

**Chief Complaint:** Desire Sterilization

**Review of Systems:** (check either yes or no for each item)

	Yes	No		Yes	No		Yes	No		Yes	No
<b>Fever/chills</b>			Trouble swallowing			Change in bowel habits			<b>Blood in urine</b>		
Swollen glands			Hoarseness			Loose/hard stools			Painful urination		
General fatigue			Neck stiffness			Bloody stools			Frequent urination		
<b>Rash</b>			<b>Shortness of breath</b>			Black tar stools			Urgent urination		
Changing moles			Frequent coughs			<b>Dizziness</b>			Nighttime urination		
Bruise easily			Cough up blood			Leg/arm weakness			Weak urinary stream		
<b>Headaches</b>			Night Sweats			Slurred speech			Leakage of urine		
Blurred vision			<b>Irregular heartbeat</b>			Memory loss			Penile discharge		
Light flashes			Chest pain			<b>Joint pain/swelling</b>			Genital warts		
Earache			Swelling of legs/arms			Back pain			Testicular mass		
Deafness			<b>Poor appetite</b>			<b>Constant thirst</b>			Loss of sex drive		
Nose bleeds			Heartburn			Always cold/hot			Early ejaculation		
Sinus problems			Nausea/vomiting			<b>Often depressed</b>			Loss of erections		

> **Allergies:** Circle if you are allergic to penicillin, sulfa drugs, aspirin, mycins, codeine, morphine, or IVP dye?  
Please list all other drug allergies and nature of reaction \_\_\_\_\_

> **Anesthesia:** Have you ever had a reaction to an anesthetic? \_\_\_ No \_\_\_ Yes, if yes, please specify anesthetic type and reaction \_\_\_\_\_

**Past and Present Medical History:** [check all items either No or Yes (Now) or Yes (Past)]

	No	Yes (Now)	Yes (Past)		No	Yes (Now)	Yes (Past)
Alcoholism				Mental Disorder			
Cancer				Gastrointestinal disease			
Epilepsy/seizures				Heart murmur			
Glaucoma				Heart attack			
Hepatitis				Blood clots			
Kidney stones				Heart disease			
Kidney disease				Heart fluttering			
Bladder problems				Vascular disease			
Venereal disease				High blood pressure			
Urinary tract infection				Low blood pressure			
Enlarged testis(es)				Rheumatic fever			
Thyroid disease				Neurological disorder			
Muscle disease				Respiratory disease			
Tuberculosis				Stroke			
Anemia				AIDS/HIV +			
Hemophilia				Other (specify)			
Diabetes							

**Social History:** (check Yes or No for each item) Yes No Family History: (check all that apply/indicate family member)

Currently smoke cigarettes (packs/day ____ # of years ____)				<b>Anesthesia problems</b>
Former cigarette smoker (year quit _____)				<b>Cancer</b>
Alcohol drinker (type, amount, frequency: _____)				<b>Diabetes</b>
Coffee drinker (type, amount, frequency: _____)				<b>Heart Disease</b>

Tea drinker (type, amount, frequency: _____)				<b>Kidney stones/disease</b>
Cola drinker (type, amount, frequency: _____)				<b>Prostate cancer</b>
Recreational drugs (type, amount, frequency: _____)				<b>Stroke</b>

Marital status: (circle) S M D W Medications (list): \_\_\_\_\_

\_\_\_\_\_  
Patient Signature Date

**• Physician Use Only**

Physical Examination: General Appearance \_\_\_\_\_ Mental Status \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_ Temp \_\_\_\_\_ Pulse \_\_\_\_\_ Resp Rate \_\_\_\_\_ BP supine/sitting \_\_\_\_\_

	Normal	Abnormal	Comments		Normal	Abnormal	Comments
Penis				Spermatic Cord			
Prepuce				Vas Deferans			
Urethral Meatus				Epididymes			
Scrotum				Testes			

**Assessment:** elective sterilization. **Plan:** schedule office vasectomy. Discussed potential complications with patient. Video reviewed/information given/questions answered.

\_\_\_\_\_  
Physician Signature Date Letter Dictated \_\_\_\_\_

Vasectomy Date \_\_\_\_\_ (Performed in standard fashion using sterile technique)

	Yes	No	Comments
Spousal consent			
Informed consent			
Sedation with _____mg Midazolam			
Sedation with _____mg Diazepam			
Pulse Oximetry			
1% Lidocaine			
1% Lidocaine with Epinephrine			
Hemoclips			
Pathology specimen			
Written instructions given			
Analgesic prescription given			

**Assessment:** Bilateral Vasectomy performed in standard fashion and with no complications. **Plan:** Follow-up semen analysis until negative (specify # \_\_\_\_\_)

\_\_\_\_\_  
Physician Signature Date Letter Dictated \_\_\_\_\_

**• Office Use Only**

**Post Vasectomy Specimen**

Date	Result	Initials/MD	Date Pt. Informed	Informed by Initials