

\*DATE \_\_\_\_\_

JHH # \_\_\_\_\_

## **VASECTOMY REVERSAL QUESTIONNAIRE**

\*NAME \_\_\_\_\_  
Last First Middle

\*BIRTHDATE \_\_\_\_\_ \*OCCUPATION \_\_\_\_\_

\*REFERRING PHYSICIAN: \_\_\_\_\_

\*SPECIALTY (UROLOGIST, GYNECOLOGIST, ETC.): \_\_\_\_\_

\*PRIMARY CARE PHYSICIAN: \_\_\_\_\_

\*WIFE'S/PARTNER'S NAME \_\_\_\_\_  
LAST FIRST

\*WIFE'S BIRTHDATE: \_\_\_\_\_ \*GYNECOLOGIST: \_\_\_\_\_

### PATIENT HISTORY

\*AGE: \_\_\_\_\_

CURRENT MARITAL STATUS (MARRIED, SINGLE, ENGAGED): \_\_\_\_\_

\*NUMBER OF YEARS SINCE VASECTOMY: \_\_\_\_\_

\*NUMBER OF CHILDREN: \_\_\_\_\_

\*PREVIOUS ATTEMPT AT REVERSAL (Y/N): \_\_\_\_\_

#### IF YES

\*DATE OF SURGERY: \_\_\_\_\_

\*NAME OF SURGEON: \_\_\_\_\_

\*TYPE OF OPERATION (VV/EV): \_\_\_\_\_

\*WERE SPERM SEEN AT TIME OF SURGERY (Y/N): \_\_\_\_\_

\*WERE SPERM SEEN POSTOP (Y/N): \_\_\_\_\_

**PARTNER PROFILE**

\*AGE OF PARTNER: \_\_\_\_\_

\*NUMBER OF PREVIOUS PREGNANCIES: \_\_\_\_\_

\*REGULAR MENSES (Y/N): \_\_\_\_\_

**GU DISEASES:**

TESTICULAR DESCENT (Normal, Bilateral Crypt., Unilateral Crypt.): \_\_\_\_\_

EPIDIDYMITIS (Y,N): \_\_\_\_\_

SEXUAL DEVELOPMENT (N,A): \_\_\_\_\_

RADIATION EXPOSURE (Y,N): \_\_\_\_\_

VENEREAL DISEASE (Y,N): \_\_\_\_\_

EXPOSURE TO HEAT (Y,N): \_\_\_\_\_

MUMPS ORCHITIS (Y,N): \_\_\_\_\_

TRAUMA (Y,N): \_\_\_\_\_

CHEMICAL EXPOSURE (Y,N): \_\_\_\_\_

HISTORY OF TORSION (Y,N): \_\_\_\_\_

RECENT FEVER (Y,N): \_\_\_\_\_

**MEDICAL HISTORY:**

\*MEDICAL ILLNESSES: \_\_\_\_\_

\*MEDICATIONS: \_\_\_\_\_

\*ALLERGIES: \_\_\_\_\_

\*PREVIOUS SURGERIES: \_\_\_\_\_

\*DO YOU SMOKE (Y/N): \_\_\_\_\_ \*IF SO, HOW MUCH (Pkgs per day) : \_\_\_\_\_

\*DID YOU USED TO SMOKE (Y/N): \_\_\_\_\_ \*IF SO, YEARS QUIT: \_\_\_\_\_

\*WHAT IS YOUR CURRENT ALCOHOL CONSUMPTION (Drinks per day): \_\_\_\_\_

\*HAVE YOU EVER HAD PROBLEMS WITH ALCOHOL (Y/N): \_\_\_\_\_

\*DO YOU USE RECREATIONAL DRUGS (Y/N): \_\_\_\_\_

**FAMILY HISTORY OF (Y,N):**

DIABETES \_\_\_\_\_ HYPERTENSION \_\_\_\_\_

CANCER \_\_\_\_\_ HEART DISEASE \_\_\_\_\_

\*DO YOU HAVE A FAMILY HISTORY OF INFERTILITY (Y/N): \_\_\_\_\_

**PHYSICAL EXAMINATION**

\*WEIGHT (LBS) \_\_\_\_\_ \*HEIGHT (IN) \_\_\_\_\_ RACE: \_\_\_\_\_

TEMP.: \_\_\_\_\_ PULSE: \_\_\_\_\_ RESP.: \_\_\_\_\_

PHALLUS \_\_\_\_\_ MEATUS (N,A) \_\_\_\_\_

CIRCUMCISED (Y,N) \_\_\_\_\_

SECONDARY SEX CHARACTERISTICS (NORMAL/ABNORMAL): \_\_\_\_\_

**TESTES EXAM**

RIGHT

LEFT

LOCATION (S,I,A) \_\_\_\_\_

LOCATION (S,I,A) \_\_\_\_\_

VOLUME \_\_\_\_\_

VOLUME \_\_\_\_\_

SPERMATOCELE (Y,N): \_\_\_\_\_

SPERMATOCELE (Y,N): \_\_\_\_\_

HYDROCELE (Y,N) \_\_\_\_\_

HYDROCELE (Y,N) \_\_\_\_\_

VARICOCELE (S,M,L,N) \_\_\_\_\_

VARICOCELE (S,M,L,N) \_\_\_\_\_

SPERM GRANULOMA (Y,N) \_\_\_\_\_

SPERM GRANULOMA (Y,N) \_\_\_\_\_

EPIDIDYMIS (N,A) \_\_\_\_\_

EPIDIDYMIS (N,A) \_\_\_\_\_