

*DATE _____

JHH # _____

VASECTOMY QUESTIONNAIRE

PATIENT: Please complete only those portions marked with an *

*NAME _____
Last First Middle

*BIRTHDATE _____ *OCCUPATION _____

*REFERRING PHYSICIAN: _____

*SPECIALTY (UROLOGIST, GYNECOLOGIST, ETC.): _____

*PRIMARY CARE PHYSICIAN: _____

PATIENT HISTORY

MARITAL HISTORY:

*PATIENT AGE: _____

*MARITAL STATUS: MARRIED SINGLE DIVORCED

*NUMBER OF CHILDREN (#): _____

CURRENT CONTRACEPTIVE USE: _____

GU DISEASES:

TESTICULAR DESCENT (Normal, Bilateral Crypt., Unilateral Crypt.) _____

SEXUAL DEVELOPMENT (N,A) _____

VENEREAL DISEASE (Y,N) _____

MUMPS ORCHITIS (Y,N) _____

CHEMICAL EXPOSURE (Y,N) _____

EPIDIDYMITIS (Y,N) _____

RADIATION EXPOSURE (Y,N) _____

EXPOSURE TO HEAT (Y,N) _____

TRAUMA (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 _____ LUNGS _____

CIRCUMCISED (Y,N) _____ HEART _____

MEATUS (N,A) _____ ABDOMEN _____

SECONDARY SEX CHARACTERISTICS:

NORMAL _____ ABNORMAL _____

TESTES EXAM:

RIGHT

LEFT

LOCATION (S,I,A) _____

LOCATION (S,I,A) _____

SIZE _____

SIZE _____

SPERMATOCELE (Y,N): _____

SPERMATOCELE (Y,N): _____

HYDROCELE (Y,N) _____

HYDROCELE (Y,N) _____

VARICOCELE (S,M,L,N) _____

VARICOCELE (S,M,L,N) _____

VAS DEFERENS (N,Abnl,Abs) _____

VAS DEFERENS (N,Abnl,Abs) _____

EPIDIDYMIS (N,A) _____

EPIDIDYMIS (N,A) _____

PROSTATE (N,A) _____

MASSES (Y,N) _____