Vasectomy Registration Form

Patient Information

Name

First

Last

Address

Street address

Alberta

Province

Address Line 2

Postal Code

City/Town

Preferred Contact Number

Cellphone

Alternative Contact Number

Home or Work

Email Address

Health Care Number

Occupation

Date of Birth

Date of Birth

Age

Weight

Height

kg lbs

cm inches

Emergency Contact

Full Name

Phone Number

How did you hear about us?

Referring Doctor

First Name

Last Name

Contact Number

City

Family Doctor

* If different from the referring doctor

First Name

Last Name

Contact Number

City

Family Information

Relationship Status

Single Married Divorced Separated

Length of Relationship

Partner's Age

Do you have children together?

Yes No

Ages

Do you have children from a previous relationship?

Yes No

Ages

Is you partner currently pregnant?

Yes No

Delivery date

Contraception

Method

- Birth control pill
- Condoms
- Diaphragm
- Cervical cap
- IUD
- Depoprovera
- Tubal Ligaton
- Rhythm
- Withdrawal
- Other

Other

If "other" please specify

Medical History

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

- Ache, pressure or pain in the testicle or groin
- Bleeding problems (including family history of it)
- Depression
- Epilepsy
- Hepatitis A, B, C
- Prostatitis
- Diabetes
- HIV
- Genital warts
- NONE OF THE ABOVE
- Herpes
- Scrotal or testicular injury or trauma
- Undescended testis
- History of fainting due to medical procedure or injection
- Are you bothered by a tight band on the underside of your penis causing pain or bleeding during sex?
- Have you ever considered having a circumcision for any medical or personal reasons?
- Other

If "other" please specify

Surgical History

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

- Hernia
- Previous vasectomy
- Vasectomy reversal
- Scrotal or testicular surgery (including lowering of undescended testis)
- NONE OF THE ABOVE

Medications

Please list any medications you are taking including name and dosage: (including Aspirin, Advil, other anti-inflammatories) Type "N/A" if none

Allergies

Please list your allergies Type "N/A" if none

Sperm Storage

Will you be storing sperm?

I will be storing sperm

I will NOT be storing sperm

Vasectomy Agreement

You must consent to the following:

I have read all of the information on the website regarding no-needle, no-scalpel vasectomy.

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 know I must not drink alcohol for 48 hours before and for 48 hours after the procedure.

I know I must not take aspirin (ASA), anticoagulants (warfarin), or anti-inflammatories (NSAIDS) such as ibuprofen, Advil, Motrin, Aleve, etc, 7 days before the procedure and for 2 days after.

I have discussed having a vasectomy with my partner and they are supportive of my decision (Please call our office to discuss if this is not the case).

I understand that if I book my vasectomy and do not show up OR if I cancel my vasectomy with less than 2 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**.

I understand that the cancellation fee 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.

I have read the information on vasectomy fees and understand that AB Health only covers the very basic costs of a vasectomy. I understand that the additional costs of the vasectomy cover the no-needle anaesthesia with the MedaJet and the aftercare package.

Signature Date