



## CONSENT FOR VASECTOMY

I, \_\_\_\_\_, authorize the providers of Arizona Urology to perform a bilateral vasectomy on me.

I understand this to include removal of a small portion of each vas deferens through a scrotal incision and then sealing the severed ends.

I understand that this procedure is being performed in an attempt to achieve permanent sterility.

I give consent for the use of an appropriate anesthetic agent and evaluation of any removed tissue by a pathologist.

I understand that with vasectomy a small percentage of patients will develop complications. Among the more common problems are infection, bleeding, pain, sperm granuloma, and epididymitis. Any complication may require further treatment which may include medications, hospitalization and even surgery. Recanalization or rejoining of the vas ends may occur spontaneously in a small percentage of cases (~1 in 2000) creating a situation in which sterility is not achieved. This condition may necessitate a repeat vasectomy.

I understand that I am not to be considered sterile until two consecutive post-operative sperm analysis have confirmed the absence of sperm. I understand that contraception must be used until I have been told by this office that no sperm were present on these specimens. I understand that the chance of delayed recanalization after two negative semen checks is astronomically small.

I understand that the long term effects of vasectomy have been studied extensively in the past 20 years. One recent study has suggested a slight increase in prostate cancer but this was not found in other larger studies. To date, no known diseases or processes are thought to be caused by vasectomy in humans.

I understand that I expect to be sterile as a result of this operation, although no such result is guaranteed. I understand what the term sterility means and in giving my consent to the vasectomy, I have in mind the probability of such a result.

\_\_\_\_\_  
Patient's Signature

\_\_\_\_\_  
Date

### SPOUSE CONSENT TO VASECTOMY

I join in authorizing the performance of a vasectomy upon my husband. It has been explained to me that as a result of the operation my husband may be sterile. This fact must be confirmed by post vasectomy sperm analysis.

\_\_\_\_\_  
Spouse's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name of Spouse

## VASECTOMY POST OPERATIVE INSTRUCTIONS

- This procedure does not protect you immediately from getting a female pregnant. Please continue to use some other method of birth control until you have had your semen analyzed twice and have been told that it contains no sperm each time. You will need to provide a sample after the fifteenth (15<sup>th</sup>) and thirtieth (30<sup>th</sup>) ejaculations after the procedure.
- It is recommended that you wait at least one week before resuming sexual activities. You may then resume sexual activities if you are not experiencing any discomfort. Having ejaculations too soon after a vasectomy may increase the chance of minor problems developing or a rejoining of the tubes.
- Ejaculations help clear the passage of sperm, but you and your sexual partner must use some other form of birth control until you are told that you may discontinue its use.
- For three (3) days after the operation, do not do any work that requires heavy lifting, pushing, straining, etc.
- Keep the incisions dry for 24 hours following the operation. Thereafter you may take a shower. Please do not take a bath for one (1) week.
- Some bruising, drainage from the incision, swelling, or mild tenderness of the scrotum is NOT unusual. Also, the edges of the incision may pull apart and heal rather slowly, and sometimes a suture may be present which remains for several months. The suture will dissolve on its own. These are all part of the normal healing process and are nothing to worry about.
- Wear an athletic supporter only as long as you need it for comfort.
- If you have pain or discomfort immediately after the vasectomy, take the prescribed pain medication. After the local anesthetic wears off, an ice pack will provide additional comfort and can also prevent swelling if used for several hours at 1/2 hour intervals ( 1/2 hour on, then 1/2 hour off)
- If stitches are placed, they do not need to be removed. They will dissolve on their own in about two to four weeks.



## VASECTOMY PRE-PROCEDURE INSTRUCTIONS

- If you are on ASPIRIN, COUMADIN or any BLOOD THINNERS, (motrin, advil, naprosyn) the medications need to be DISCONTINUED 7 days prior to the procedure. You can return to the usual dosage three (3) days after the procedure is completed.
- Before the vasectomy, your doctor will consult with you and your spouse or significant other to discuss any concerns you may have regarding this procedure. Some men may experience lightheadedness and/or nausea during and/or after the procedure, so it is advisable that you do not drive home after your vasectomy. Your procedure will not be performed if you do not have a ride home.
- **Shaving Instructions:** Please Shave the Entire Scrotal Sac below the Penis.
- Bring a scrotal supporter (Jock strap) to your procedure. The compression effect will reduce scrotal swelling.
- The vas deferens segments that are removed will be sent to a lab (designated by your insurance) for pathologic confirmation. There will be lab fees that are not included in the price of the vasectomy. The lab will bill you/your insurance separately for these services.
- You are advised to rest for 48 hours following your vasectomy. No heavy lifting or strenuous exercise for one week after your procedure is recommended. Additional medical advice may be given at the time of your procedure.
- Do not engage in sexual activity for seven (7) days after the procedure.

## VASECTOMY: FREQUENTLY ASKED QUESTIONS

### **What are the benefits?**

Vasectomy is intended as a permanent means of birth control. Freedom from fear of producing an unwanted child may improve the enjoyment of sex for you and your partner. But, a vasectomy will not prevent infection if either of you have a sexually transmitted disease (such as Chlamydia or HIV).

### **How will a vasectomy affect me?**

Vasectomy only affects sperm in your ejaculation. The prostate and seminal vesicles continue producing fluids that are ejaculated. After vasectomy, the amount of fluid ejaculated decreases by 5%. Vasectomy has no effect on the ability to get or keep an erection, and male hormone levels remain the same. It will not cause impotence or decrease your sex drive.

### **How effective is vasectomy?**

Vasectomy is the safest and most effective form of long-term contraception. Less than 2 out of every 1000 men who have a vasectomy continue having sperm in their semen. However, it takes about 30 ejaculations to empty sperm already produced. So you should expect to use alternate contraception for about 3 months before submitting sperm samples to verify sterility. If no sperm are found in these samples, the chance of “accidentally” fathering another child is near zero.

### **Is the procedure always successful?**

It is rare (1 in 4500) for sperm ducts not to seal completely. If this happens, you may need a second vasectomy. Unplanned pregnancy can occur.

### **Will my masculinity be affected?**

No. Vasectomy is not castration, and sterility does not mean impotence. The testicles still produce hormones affecting masculinity (e.g., sex drive, deep voice, facial hair). These hormones continue flowing throughout your bloodstream.

### **How long does the procedure take?**

A vasectomy takes about 15 to 30 minutes. You will be able to return home shortly afterwards, but do not attempt to drive yourself.

### **What should I expect after a vasectomy?**

After the procedure, you should go straight home, apply ice to the scrotum, and continue wearing the athletic supporter. You may shower the next day. No exercise, straining, or heavy lifting should be done for at least 48 hours. A pulling sensation to the scrotum may persist for a week or two. This is normal and is usually relieved with scrotal support (i.e., athletic supporter). Some swelling to the scrotum and testicles is normal, as is moderate discomfort for a day or two. Swelling is normal for even several weeks, but you should notify your doctor if swelling grows larger than a silver dollar.

### **Will I miss any days at work?**

Most men return to work after 2 days. Some choose to recuperate over a weekend so they don't miss any work.

### **When can I resume sexual activity?**

You should postpone sexual activity for one (1) week. Because sperm can survive for 6 months or more, you will be asked to bring one or more specimens of semen to your follow-up visit to verify the success of the procedure. Unprotected intercourse should not take place until sterility is assured. Most doctors suggest a minimum of 3 to 4 months, and we advise a minimum of 15 ejaculations before performing the first semen analysis. A second analysis indicating absence of sperm is recommended after the thirtieth (30<sup>th</sup>) ejaculation.



### **Are there risks or complications?**

Yes. Vasectomy is a very low-risk procedure, but there is always possibility of complications. Although they are rare, bleeding (hematoma) and infections are the most common complications. Sperm granuloma, which is a hard (sometimes painful) pea-sized lump, may form as a result of sperm leaking from the cut vas deferens. Such a lump is not dangerous. In time, it is nearly always reabsorbed back into the body. Congestion is a sense of pressure caused by sperm in the testes, epididymis, and lower vas deferens that may cause discomfort for as long as 2 to 12 weeks after vasectomy. Like granuloma, congestion usually eventually resolves itself. In the rare event that vasectomy is unsuccessful, unplanned pregnancy can occur, and a second procedure may be necessary.

### **What if I change my mind?**

Vasectomy is not intended for men who plan to have children later. Reversing vasectomy is possible, but it is a far more demanding procedure, the costs are significantly greater, and insurance may not cover them. Therefore, you should approach a vasectomy as if it were irreversible.

Some men choose to place one or more sperm samples in the sperm bank prior to vasectomy. They view this as a type of insurance in case they change their minds. However, sperm banking only saves a limited supply of sperm and does not guarantee fertility. Lastly, there are alternatives to vasectomy reversal, but they are even more challenging in terms of cost and safety.



## **PUBLIC STATEMENT REGARDING VASECTOMY AND PROSTATE CANCER**

The February 17th 1993 issue of the Journal of the American Medical Association includes two reports of research regarding vasectomy and prostate cancer. The research, conducted by Giovannucci at Harvard Medical School, found in patients studied that vasectomy was associated with a small increased risk of prostate cancer. Although the relationship between prostate cancer and vasectomy was weak: in these studies, the findings are still noteworthy and should not be ignored. Neither should the public nor medical professional overreact to this new information.

### **Review of Other Large Studies**

To best understand the new studies, they must be viewed in light of other similar research on this topic. Two other large studies of similar design conducted in the United States have yielded information on vasectomy, prostate cancer and other medical conditions. Both of these long term studies were highly reassuring about the safety of vasectomy, not only in terms of prostate cancer but also in regards to other conditions.

In a Kaiser Permanente Health Care member, Stephen Sydney and his colleagues found no increased risk of prostate cancer among vasectomized men. In a study conducted in four cities, Frank J. Massey from the University of California at Los Angeles and his colleagues found a reduced risk in prostate cancer among vasectomized men.

The two new studies reported in the Journal of American Medical Association found only a small increased risk for prostate cancer among vasectomized men. Medical researchers interpret such a small increase as a weak: association that may be due to chance or bias.

### **Biologic Mechanism**

Before a casual relationship can be established between any disease and a particular factor, a biologic mechanism must exist. According to Giovannucci and his colleagues, reductions in prostatic secretions or changes in the immunologic mechanism after a vasectomy could be a biologic link between vasectomy and prostate cancer. But most experts do not believe in them.

On the 1990, two other medical studies found a link between prostate cancer and vasectomy, but they involved small numbers of men, and the case-control research design has significant limitations. Nevertheless, concerns about the issue prompted the World Health Organization to convene a 1991 meeting of 23 international experts to review all research regarding vasectomy and prostate cancer. These experts concluded that there was no plausible biologic mechanism for a relationship between vasectomy and prostate cancer. The World Health Organization has reviewed the two new Giovannucci studies and has concluded that vasectomy should still be offered to men, provided men receive the appropriate information regarding the risks and benefit of the procedure.

## VASECTOMY

### Definition:

A vasectomy is minor surgery that prevents sperm from entering the semen. Vasectomy is one of the most popular forms of birth control in the United States (more than 500,000 men have a vasectomy each year) and is more than 99% effective. A vasectomy should be done only if you are sure that you no longer want to father children as this is a surgical procedure that typically leads to permanent sterilization. It is safe, highly effective, and has no impact on erection or sexual performance.

### Risks:

Vasectomy is a safe procedure with few risks. Occasionally minor complications may occur. These complications include:

- Pain.
- Bleeding.
- Bruising.
- Swelling.

Very rarely **post-vasectomy syndrome** may occur. It causes discomfort and pain in the testicles and scrotum. There are several theories as to why this occurs, but doctors are unsure exactly why it happens. Treatment may include anti-inflammatory medication, or in extreme cases, a procedure to release the scar tissue around the vas deferens may be performed.

Recent studies have found no increased risk for prostate cancer in men who have had a vasectomy.

### Preparing for Vasectomy:

Before your vasectomy the doctor may instruct you to:

- Clean and shave your scrotal area.
- Avoid taking anti-inflammatory medicines like ibuprophen or Aspirin.
- Wear tight-fitting underwear to your vasectomy appointment.
- Bring someone to drive you home after surgery.

### Procedure Description:

Vasectomy works by preventing sperm from entering your semen.

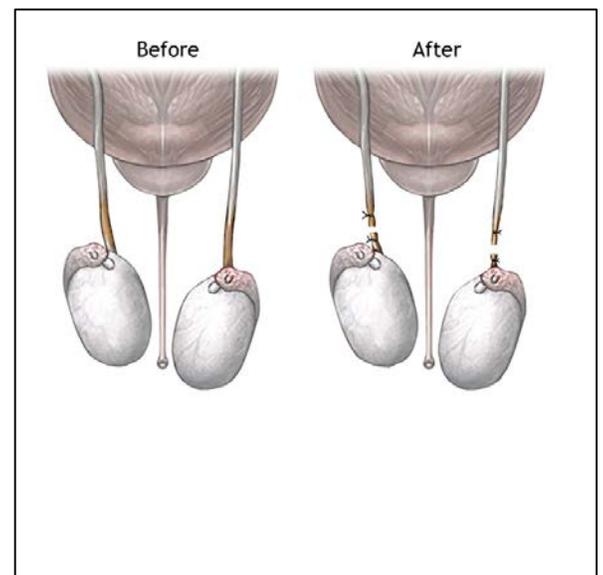
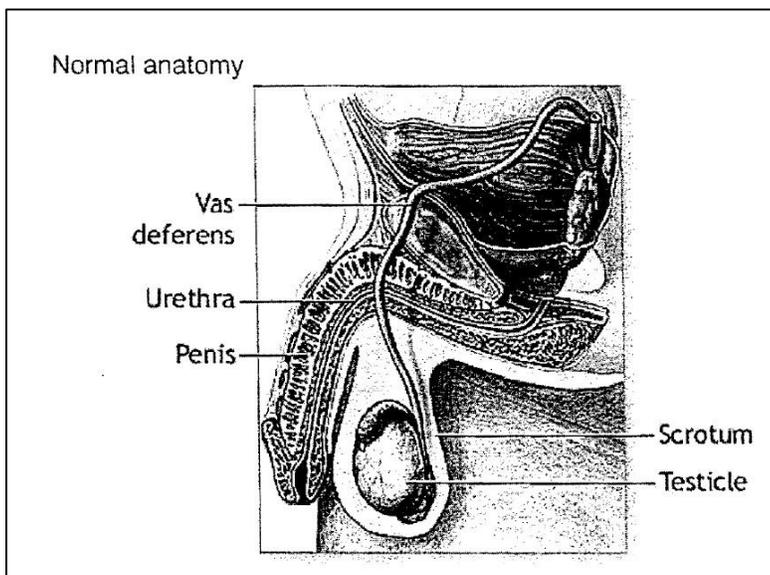
Sperm is made inside your testicles. After leaving the testicles, sperm travels to a small gland called the epididymis where it matures. It travels from the epididymis to the penis through a small tube called the vas deferens and are ejaculated during sexual intercourse. During a vasectomy, the vas deferens (tube) is cut in two, preventing the sperm from mixing with the semen. Vasectomy prevents sperm from mixing with semen by blocking the sperm ducts. After vasectomy, sperm continue to be produced. However, during ejaculation, the sperm make it only as far as the newly blocked point in the ducts, where they are reabsorbed. As a result, there are no sperm in the ejaculated semen during intercourse.

At the beginning of any type of vasectomy procedure, your doctor will numb your scrotum (the area around your testicles). Your doctor may inject the medication into your scrotum using a very small needle.

There are four main procedures for vasectomy:

- **Traditional or Conventional Vasectomy.** After your scrotum is numb, the doctor makes one or two small cuts in the skin of the testicle, finds the vas deferens (tube), gently lifts a small part of it out and cuts it into two and removed to reduce the possibility of their rejoining. You will feel a pulling sensation from the testicles and perhaps a dull ache for a brief moment.. The two ends of the vas deferens are then tied off or cauterized (seared to stop bleeding) to close them. They are inserted back in the scrotum, and the incisions are closed with a few stitches. The stitches will dissolve by themselves.
- **No-Scalpel Vasectomy.** Scalpel-free vasectomy is not very different from routine vasectomy. After your scrotum is numb, your doctor locates your vas deferens by touch. The skin is opened using a razor-sharp clamp rather than a surgical blade. A small puncture or hole is made in the scrotum, and the vas deferens (tube) is gently lifted out. It is cut in two and the ends are tied off or cauterized and then placed back inside the scrotum. Because the hole is so small, most patients do not need stitches.
- **Open-Ended Vasectomy.** First, a traditional or a no-scalpel method is used to access the vas deferens. After this tube has been cut, the lower part of it is left open. Only the upper part that runs into the penis is closed. Some research shows that leaving the lower part of the tube open may reduce any swelling and discomfort after a vasectomy.
- **Clip Vasectomy.** First, the vas deferens is located, the skin opened, and the vas deferens is gently lifted out of the scrotum. During clip vasectomy, the vas deferens is not cut or cauterized. A small clip, approximately the size of a grain of rice is attached to the vas deferens. The clip closes off the vas deferens and prevents sperm from passing through this tubular structure. The wound is then closed.

You and your doctor will decide which vasectomy method is right for you.





### **After Vasectomy:**

Your vasectomy will take between 15 and 30 minutes. No exercise, straining, or heavy lifting should be done for at least 48 hours. A pulling sensation to the scrotum may persist for a week or two. This is normal and is usually relieved with scrotal support (i.e., athletic supporter). Some swelling to the scrotum and testicles is normal, as is moderate discomfort for a day or two. Swelling is normal for even several weeks, but you should notify your doctor if swelling grows larger than a silver dollar. Generally following a vasectomy you may also need to:

- Have someone drive you home.
- Apply ice to the area to reduce discomfort and swelling.
- Rest for the next two or three days.
- Wait to resume normal sexual activity for a few days, but you may return to work as soon as the next day.

### **Follow-up Instructions:**

Vasectomy is not immediately effective. You need to use alternate birth control for two months or at least twelve ejaculations, whichever comes first.

You will return to your doctor to have a **semen analysis**. This is a test to count the number of sperm in your semen. Once your sperm count is zero after two successive samples, it is safe to discontinue use of additional birth control.

For the first day or two after vasectomy you may experience mild discomfort in your scrotum or abdomen. Pain medication will be prescribed to you after the procedure.

Immediately following vasectomy, there is a slight risk of bleeding into your scrotum. Contact your doctor if you experience:

- Significant swelling in your scrotum.
- Intense pain.
- Fever.
- Redness in the scrotum.

### **For more information about vasectomy you may contact:**

American Urological Association  
1000 Corporate Boulevard  
Linthicum, MD 21090  
Phone: (410) 689-3700  
Fax: (410) 689-3800  
Email: [auafoundation@auafoundation.org](mailto:auafoundation@auafoundation.org)  
Web: <http://www.urologyhealth.org>

National Institutes of Health (NIH)  
9000 Rockville Pike  
Bethesda, Maryland 20892  
Phone: (301) 496-4000  
E-mail: [NIHinfo@od.nih.gov](mailto:NIHinfo@od.nih.gov)  
Web: <http://health.nih.gov>

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# PATIENT REGISTRATION FORM

### CURRENT PATIENT INFORMATION -- PLEASE PRINT

Patient Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Home Phone: ( ) \_\_\_\_\_ - \_\_\_\_\_  
 Cell Phone: ( ) \_\_\_\_\_ - \_\_\_\_\_  
 Sex (please circle): Male/Female  
 Date of Birth: \_\_\_\_\_  
 Social Security No.: \_\_\_\_\_  
 Patient email: \_\_\_\_\_  
 Patient Referred by: \_\_\_\_\_  
 Primary Care Provider: \_\_\_\_\_

### EMPLOYMENT INFORMATION

Employment (please circle): Full Time / Not Employed / Retired  
 Employer: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone: ( ) \_\_\_\_\_ - \_\_\_\_\_

### REQUIRED BY GOVERNMENT MANDATE (you may refuse)

Language (please circle): English / Spanish / Other: \_\_\_\_\_  
 Race (please circle): White / Asian / Native American / African American / Native Hawaiian or Other Pacific Islander / Declined  
 Ethnicity (please circle): Hispanic or Latino / Non Hispanic or Latino / Declined

### EMERGENCY CONTACT INFORMATION

Name: \_\_\_\_\_  
 Relationship to patient: \_\_\_\_\_  
 Phone: ( ) \_\_\_\_\_ - \_\_\_\_\_

Marital Status (please circle): Married / Single / Divorced

### PHARMACY INFORMATION

Name: \_\_\_\_\_  
 Crossroads: \_\_\_\_\_  
 Phone: ( ) \_\_\_\_\_ - \_\_\_\_\_

### MAIL ORDER PHARMACY

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone: ( ) \_\_\_\_\_ - \_\_\_\_\_

### PRIMARY INSURANCE INFORMATION

Insurance Plan Name: \_\_\_\_\_  
 ID Number: \_\_\_\_\_  
 Group Number: \_\_\_\_\_  
 Policy Holder Name: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_ Sex (please circle): **M** or **F**  
 Patient's relationship to policy holder: \_\_\_\_\_

### SECONDARY INSURANCE INFORMATION

Insurance Plan Name: \_\_\_\_\_  
 ID Number: \_\_\_\_\_  
 Group Number: \_\_\_\_\_  
 Policy Holder Name: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_ Sex (please circle): **M** or **F**  
 Patient's relationship to policy holder: \_\_\_\_\_

### RELEASE OF INFORMATION

I, \_\_\_\_\_ hereby authorize Palo Verde Hematology Oncology, DBA Arizona Urology to release or discuss any and all information pertaining to myself or my medical records with the following people.

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_ - \_\_\_\_\_  
 Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_ - \_\_\_\_\_  
 Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_ - \_\_\_\_\_

I authorize Arizona Urology to contact me at (please circle): Home Phone / Work Phone / Mobile Phone / Portal / Email

**To the best of my knowledge the above information is complete and accurate.**

Signed \_\_\_\_\_ Date \_\_\_\_\_



**\*\* Please sign and date each item below\*\***

**ACKNOWLEDGEMENT AND AUTHORIZATION:**

- **I have read and understand the HIPAA/Privacy Policy for Palo Verde Hematology oncology, DBA Arizona Urology**

Signed \_\_\_\_\_ Date: \_\_\_\_\_

- **I have read and understand the Financial Policy for Palo Verde Hematology oncology, DBA Arizona Urology**

Signed \_\_\_\_\_ Date: \_\_\_\_\_

- **AUTHORIZATION TO BILL/PAY: I hereby authorize Palo Verde Hematology oncology, DBA Arizona Urology to release any information required in the course of my examination or treatment to my insurance(s). I also hereby authorize payment directly to Palo Verde Hematology oncology, DBA Arizona Urology for the surgical and/or medical benefits, if any otherwise payable to me for services rendered. I understand that I am financially responsible for all charges not covered by my insurance. Further, I understand that I am responsible for all charges incurred in the collection of my account(s) for today's visit, and all future visits with Palo Verde Hematology oncology, DBA Arizona Urology, and will pay all fees involved should my account(s) be placed with a collection service. Finance charges will begin to accrue on any unpaid patient responsibility balance after 90 days old.**

Signed \_\_\_\_\_ Date: \_\_\_\_\_



**A. Notifier:**

**B. Patient Name:** \_\_\_\_\_

**C. Identification Number:** \_\_\_\_\_

**Advance Beneficiary Notice of Noncoverage (ABN)**

**NOTE:** If your insurance doesn't pay for **D.** below, you may have to pay.

Your insurance does not pay for everything, even some care that you or your health care provider have good reason to think you need. We expect your insurance may not pay for the **D.** below.

<b>(D) General Description Of Service:</b>	<b>(E) Reason Your Insurance May Not Pay:</b>	<b>(F) Estimated Cost:</b>
<b>New patient visit/consultation with a specialist</b> <b>CPT: 99202-99205</b>	1. Considered as part of your Deductible or Co-insurance 2. Non-covered benefit 3. Non-covered diagnosis 4. Not deemed medically necessary 5. Denied as too frequent	Not to exceed \$155

**WHAT YOU NEED TO DO NOW:**

- Read this notice, so you can make an informed decision about your care.
- Ask us any questions that you may have after you finish reading.
- Choose an option below about whether to receive the **D.** listed above.

**Note:** If you choose Option 1 or 2, we may help you to use any other insurance that you might have, but Medicare cannot require us to do this.

**(G) OPTIONS:**      *Check only one box. We cannot choose a box for you.*

**D OPTION 1.** I want the **(D)\_Service\_** listed above. You may ask to be paid now, but I also want my insurance billed for an official decision on payment, which is sent to me on a Explanation Of Benefits(EOB). I understand that if my insurance doesn't pay, I am responsible for payment, but **I can appeal to my insurance** by following the directions on the EOB. If my insurance does pay, you will refund any payments I made to you, less co-pays or deductibles.

**D OPTION 2.** I want the **(D)\_Service\_** listed above, but do not bill my insurance. You may ask to be paid now as I am responsible for payment. **I cannot appeal if my insurance is not billed.**

**D OPTION 3.** I don't want the **(D)\_Service\_** listed above. I understand with this choice I am **not** responsible for payment, and **I cannot appeal to see if my insurance would pay.**

**H. Additional Information:**

**This notice gives our opinion, not an official Insurance Carrier decision.** If you have other questions on this notice please contact your insurance carrier. Signing below means that you have received and understand this notice. You also receive a copy.

**(I) Signature:**

**(J) Date:**

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0566. The time required to complete this information collection is estimated to average 7 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Baltimore, Maryland 21244-1850.  
 Form CMS-R-131 (03/11) Form Approved OMB No. 0938-05



## HISTORY AND PHYSICAL FORM (PATIENT)

Patient: \_\_\_\_\_ DOB: \_\_\_\_\_  
 Referring Physician: \_\_\_\_\_ Marital Status: \_\_\_\_\_ Age: \_\_\_\_\_  
 Height: \_\_\_\_\_ Weight: \_\_\_\_\_  
 Reason For Visit: \_\_\_\_\_

### Past Medical & Social History (Please fill out completely)

Allergic to (Include Medications):  
 \_\_\_\_\_  
 \_\_\_\_\_

Surgeries:  
 \_\_\_\_\_  
 \_\_\_\_\_

Medical Illness:  
 \_\_\_\_\_  
 \_\_\_\_\_

Glaucoma       Tendinitis

### Medications (list dose and frequency):

Name	Frequency	Name	Frequency
<input type="checkbox"/> Coumadin	_____	<input type="checkbox"/> Aspirin	_____
<input type="checkbox"/> Heparin	_____	<input type="checkbox"/> Ibuprofen	_____
<input type="checkbox"/> Plavix	_____	<input type="checkbox"/> Lipitor	_____

### Other (Please List):

Name	Frequency	Name	Frequency
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Do you have any medical condition that requires antibiotics prior to surgery?     YES     NO

(Example: Heart Murmur, Prosthetic Hips and Knees) If YES please list:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Tobacco:  Now     Never     In the Past,    Amt Per Day \_\_\_\_\_    Age Started \_\_\_\_\_    Year Quit \_\_\_\_\_

Alcohol:  Never     Rare     Occasional     Moderate     Heavy,    Amt/ Type per day \_\_\_\_\_



**Family History & Review of System**

List of all major illnesses in your immediate family (Examples: heart disease, prostate cancer, kidney stones, kidney disease):

Father : \_\_\_\_\_  Prostate Cancer  
 Mother : \_\_\_\_\_  Kidney Stones  
 Brother : \_\_\_\_\_  
 Sister : \_\_\_\_\_

Have you experienced any of the following problems recently? **Check YES or NO**

**Constitutional Symptoms**

Fever  Y  N  
 Chills  Y  N  
 Headaches  Y  N

**Sight/Sound**

Blurred Vision  Y  N  
 Glaucoma  Y  N  
 Loss of Hearing/Ringing  Y  N

**Ear/Nose/Throat/Mouth**

Ear Infection  Y  N  
 Sore Throat  Y  N  
 Difficulty Swallowing  Y  N

**Integumentary**

Skin Rash  Y  N  
 Boils  Y  N  
 Persistent itch  Y  N

**Pulmonary**

Wheezing  Y  N  
 Frequent Cough  Y  N  
 Shortness of Breath  Y  N

**Circulatory**

Chest Pain  Y  N  
 High Blood Pressure  Y  N  
 Varicose Vein  Y  N

**Gastrointestinal**

Hepatitis  Y  N  
 Ulcer/Reflux  Y  N  
 Constipation  Y  N

**Genitourinary**

Kidney Failure  Y  N  
 Kidney Stone  Y  N  
 Urinary Tract Infection  Y  N

**Neurological**

Dizziness  Y  N  
 Migraine  Y  N  
 Multiple Sclerosis  Y  N

**Musculoskeletal**

Back pain/ Surgery  Y  N  
 Muscle Disorder  Y  N  
 Joint Disorder  Y  N

**Endocrine**

Diabetes  Y  N  
 Thyroid Disease  Y  N  
 Parathyroid  Y  N

**Hematologic/Lymphatic**

Lymph Node Swelling  Y  N  
 Bleeding Disorder  Y  N  
 Immune disorder  Y  N

Other: \_\_\_\_\_

OB/GYN History (Female Patients Only):

Menses:  YES  NO    Hysterectomy:  YES  NO    Number of Pregnancies: \_\_\_\_\_ Live Births: \_\_\_\_\_  
 Contraception:  None  Tubal Ligation    Other: \_\_\_\_\_    Take Estrogens:  YES  NO

Any Other Information that you like to share:

Patient Signature: \_\_\_\_\_

Date: \_\_\_\_\_



## VASECTOMY PATIENT FORM

Patient Age: \_\_\_\_\_

Patient's Wife's Age: \_\_\_\_\_

Number of Children:  0  1  2  3  4 Other: \_\_\_\_\_ and Ages: \_\_\_\_\_

Reason for Permanent Birth Control: \_\_\_\_\_

Allergies to Medication: \_\_\_\_\_

Pertinent Groin or Scrotal Surgeries: \_\_\_\_\_

Medical Illness: \_\_\_\_\_

Provided Vasectomy Brochure?  YES  NO



## CONSENT FOR VASECTOMY

I, \_\_\_\_\_, authorize the providers of Arizona Urology to perform a bilateral vasectomy on me.

I understand this to include removal of a small portion of each vas deferens through a scrotal incision and then sealing the severed ends.

I understand that this procedure is being performed in an attempt to achieve permanent sterility.

I give consent for the use of an appropriate anesthetic agent and evaluation of any removed tissue by a pathologist.

I understand that with vasectomy a small percentage of patients will develop complications. Among the more common problems are infection, bleeding, pain, sperm granuloma, and epididymitis. Any complication may require further treatment which may include medications, hospitalization and even surgery. Recanalization or rejoining of the vas ends may occur spontaneously in a small percentage of cases (~1 in 2000) creating a situation in which sterility is not achieved. This condition may necessitate a repeat vasectomy.

I understand that I am not to be considered sterile until two consecutive post-operative sperm analysis have confirmed the absence of sperm. I understand that contraception must be used until I have been told by this office that no sperm were present on these specimens. I understand that the chance of delayed recanalization after two negative semen checks is astronomically small.

I understand that the long term effects of vasectomy have been studied extensively in the past 20 years. One recent study has suggested a slight increase in prostate cancer but this was not found in other larger studies. To date, no known diseases or processes are thought to be caused by vasectomy in humans.

I understand that I expect to be sterile as a result of this operation, although no such result is guaranteed. I understand what the term sterility means and in giving my consent to the vasectomy, I have in mind the probability of such a result.

\_\_\_\_\_  
Patient's Signature

\_\_\_\_\_  
Date

### SPOUSE CONSENT TO VASECTOMY

I join in authorizing the performance of a vasectomy upon my husband. It has been explained to me that as a result of the operation my husband may be sterile. This fact must be confirmed by post vasectomy sperm analysis.

\_\_\_\_\_  
Spouse's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name of Spouse