

# Vasectomy Questionnaire

Patient's Name \_\_\_\_\_ Age \_\_\_\_\_

Wife's/significant other's name \_\_\_\_\_ Age \_\_\_\_\_

How long have you been married? \_\_\_\_\_ How long have you been together? \_\_\_\_\_

Is the relationship stable and happy?      Yes    No

How many children to you have? _____	Age	Sex	Healthy
_____	_____	M F	Yes No
_____	_____	M F	Yes No
_____	_____	M F	Yes No
_____	_____	M F	Yes No
_____	_____	M F	Yes No

What kind of birth control have you used prior to starting your family?

Oral birth control       IUD       Condoms       Abstinence  
 Coitus interruptus       Foam       Diaphragm       Rhythm method

What kind of birth control have you used in-between children?

Oral birth control       IUD       Condoms       Abstinence  
 Coitus interruptus       Foam       Diaphragm       Rhythm method

Have you had inguinal hernia surgery?      Yes    No

Have you had any surgery to the testicles or scrotum (sac)      Yes    No

Have you ever had a significant straddle injury or groin injury?      Yes    No

Are you circumcised?      Yes    No

Do you experience testicular pain?      Yes    No

Do you understand vasectomy is meant to be permanent?      Yes    No

Have you and your wife/significant other discussed vasectomy?      Yes    No

Do you both agree that this is the mode of birth control you want?      Yes    No

Patient's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Physician's Signature: \_\_\_\_\_ Date: \_\_\_\_\_