

Center for Reproductive Health Vasectomy History Questionnaire

Your visit today is about getting a vasectomy. You should read the hand out “Vasectomy: What to Expect” if you have not already read it. After that, please answer the following questions by filling in the blanks or circling the answer.

How old are you? _____

Please list any major medical problems that you have

Please list any allergies to medications, iodine, stitches or anesthetics that you have

Please list any medications that you take

How many children do you have? _____

Do you want to have any more children? **Yes or No**

Have you taken any aspirin in the last 5 days? **Yes or No**

Have you taken any anti-inflammatory medications like ibuprofen, Motrin, Aleve, Naprosyn or others in the last 2 days? **Yes or No**

Are you married or in a stable relationship? **Yes or No**

Do you understand that vasectomy is to cut the tubes carrying your sperm so that you cannot biologically father any more children? **Yes or No**

Do you understand that it will take 12 weeks for the sperm present in your tubes to “wash out” and that you should use a form of contraception until after you have had your semen tested and found to be clear of any sperm? **Yes or No**

Do you understand that vasectomy reversal is complicated surgery that may not work and that you should not proceed with vasectomy if you think that you will change your mind about biologically fathering children in the future? **Yes or No**

Do you wish to proceed with elective sterilization by vasectomy? **Yes or No**

If you do not desire to proceed with this procedure please contact the staff. Otherwise, please read through the consent form, but do not sign it until you are with the physician, and we will assist you shortly. Thank you.