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Urology New Patient (Vasectomy)

Patient Name: _____ Date of Birth: _____ Today's Date: _____
First Middle Initial Last

PRE-VASECTOMY QUESTIONNAIRE:

How old are you? _____

How old is your wife? _____

How many children do you have? _____ Are they healthy? _____

How long have you been married? _____

How tall are you? _____ How much do you weigh? _____

BRIEF MEDICAL HISTORY			
	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Comment
Do you have any allergies?	<input type="checkbox"/>	<input type="checkbox"/>	
Do you take any medications:	<input type="checkbox"/>	<input type="checkbox"/>	
a) Medication:	<input type="checkbox"/>	<input type="checkbox"/>	What? Dosage?
b) Medication:	<input type="checkbox"/>	<input type="checkbox"/>	What? Dosage?
c) Medication:	<input type="checkbox"/>	<input type="checkbox"/>	What? Dosage?
d) Medication:	<input type="checkbox"/>	<input type="checkbox"/>	What? Dosage?
Do you have any medical problems?	<input type="checkbox"/>	<input type="checkbox"/>	
(Please elaborate):			
	<input type="checkbox"/>	<input type="checkbox"/>	
Have you ever had surgery?	<input type="checkbox"/>	<input type="checkbox"/>	
(Please elaborate):			
	<input type="checkbox"/>	<input type="checkbox"/>	
Have you ever had a urologic problem?	<input type="checkbox"/>	<input type="checkbox"/>	
Have you ever had a urinary tract infection?	<input type="checkbox"/>	<input type="checkbox"/>	
Have you had an infection of the prostate, epididymis or testicle?	<input type="checkbox"/>	<input type="checkbox"/>	
Do you have a problem with bleeding?	<input type="checkbox"/>	<input type="checkbox"/>	
Do you take aspirin, Motrin, Ibuprofen, Advil or similar medications?	<input type="checkbox"/>	<input type="checkbox"/>	

Any comments or things you think we should know? _____

PREFERRED OUTSIDE PHARMACY
<p>Name & Address (Location) of Preferred <u>OUTSIDE</u> Pharmacy: Is this is a MAIL ORDER PHARMACY? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Please list a local pharmacy for urgent prescriptions if primary is a mail order. Name & Address of LOCAL pharmacy:</p>

Patient Name: _____ Date of Birth: _____ Today's Date: _____
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PRE-VASECTOMY INSTRUCTIONS:

1. No aspirin or aspirin-like products like Ibuprofen, Motrin, Advil, etc. for a week before the vasectomy. These medications have anti-platelet effects and make bleeding more likely after the vasectomy.
2. Please shave the entire scrotum from the base of the penis to the bottom of the scrotum the night before or morning of the vasectomy. It is usually more comfortable to shave it wet with shaving cream rather than dry.
3. If you can, take a warm shower before coming in for your vasectomy. It relaxes the scrotum and makes the vas easier to identify.
4. You may want to stock up on ice packs or bags of frozen peas or frozen corn. Your Urologist will tell you how long you need to ice your scrotum.
5. Wear tight briefs or an athletic supporter for 48 hours after the vasectomy.
6. If you are taking Valium, please take 60 minutes before the procedure. Please make sure someone is able to drive you to and from the appointment.