

VASECTOMY: Local Anaesthetic - Referral Proforma

SURNAME..... OTHER NAMES.....

ADDRESS.....

.....

POST CODE..... DATE OF BIRTH.....

THIS PARTNERSHIP:

Number of children:.....

PREVIOUS PARTNERSHIPS:

Number of children:.....

WIFE/PARTNER:

Number of children from previous relationship(s):.....

CONTRACEPTION:

.....

GENERAL HEALTH:

Past Medical History:.....

Current medication.....

Any previous Scrotal/Testicular surgery (details):.....

.....

Any other surgery (details):.....

.....

Any known allergy to Local Anaesthetic:.....

Any other known allergies:.....

Please tick to confirm following issues have been discussed with patient:

- Failure of procedure (1:2000) that can be early or late following operation
- Bleeding and/or bruising (haematoma occurs in 5% of cases)
- Infection
- Irreversible procedure (permanence)
- Penile and/or testicular pain (occurs in 2% of cases)
- Post-op specimens

GP name (print):..... Date:.....

GP signature:.....