



VASDOC | NAMBOUR CLINIC FAMILY MEDICINE

VASECTOMY REGISTRATION FORM

YOUR INFORMATION	
Name	
Date of Birth / Age	/ / (..... years old)
Address	
Contact number/s	Home
	Work
	Mobile
Occupation	
PARTNER INFORMATION (Please skip to family situation if you have no partner)	
Age of Partner	
Number of children your partner has	
Is your partner aware of your vasectomy?	Y / N (please circle)
FAMILY SITUATION	
Number of children you have fathered	
Number of children at home	
Age of Youngest Child	
Current Birth Control method	
MEDICAL HISTORY (Have you had/do you have any of the following)	
Known testicle or scrotal conditions	Y / N (please circle and list below)
Previous testicle or scrotal surgery	Y / N (please circle and list below)
Sexually transmitted disease/s	Y / N (please circle and list below)
Hernia repair	Y / N (please circle and list below)
Problems with bleeding or clotting	Y / N (please circle and list below)
Anxiety around procedures	Y / N (please circle)
Please list any other significant medical history	
MEDICATIONS	
Are you on blood thinning medication	Y / N (please circle and list below)
Please list any Medications you are currently taking	
Please list any allergies and reactions	
Do you smoke? (and how much)	Y / N (please circle) cigarettes/day
Do you drink alcohol? (and how much)	Y / N (please circle) standard drinks/day