

Yes or No

Yes	No	
		TGRNYMGINSTFGNNS
		NYYYNSTRFNSYFNSNSYNTS
		Premature ejaculation
		NHMSHR
		SISHMMHSMSSSNNFY
		Herpes
		SM
		HIV
		NHBSMM
		FHMSHR
		HHHBSHR

FAMILY INFORMATION

TFL _____

FNYFYFY HMHP Married Single Separated Steady partner Casual partner

FYSBFR _____ FYSFL _____

Your partner's permission is not required for your vasectomy, but are they aware you are having one? (check): **Yes** **No**

How would you refer to yourself with regards to your partner? (check):

Husband Fiance Boyfriend Partner N/A

Number of years with present partner:

Number of children you have with present partner:

Total number of children you have had:

Total number of children your current partner has had:

Age of your youngest child (in years):

Were your children all planned? (check):

Is your partner pregnant now? (check):

Has your partner had their tubes tied or undergone hysterectomy (check): **Yes** **No** **N/A**

~~RYMTITGNYMHTSYTNSYMEFYRTSYM~~

VASECTOMY AGREEMENT

Before submitting the form, please review and agree to the following by checking the box:

- You have read the information provided on our website regarding no-needle, no-scalpel vasectomy.
- If you have a history of fainting, it's advised to bring a driver with you for the procedure.
- Refrain from alcohol consumption 24 hours before and after the procedure.
- Avoid taking aspirin or anti-inflammatory drugs (NSAIDs) such as Ibuprofen, Advil, Motrin, Aleve, etc., for 7 days before and after the operation unless advised otherwise.
- If you are taking Warfarin, Apixaban (Eliquis), Rivaroxaban (Xarelto), Dabigatran (Pradaxa) or Edoxaban (Lixiana), please ensure you have listed it in the appropriate box above and Dr. Randeve will call you directly to discuss what to do. Do not just stop it.
- Have a discussion with your partner about the decision to undergo a vasectomy, and ensure they are supportive of your choice. Feel free to contact our office to discuss further if needed.
- You will have ample opportunity to ask any questions or discuss concerns with Dr. Randeve prior to your procedure.
- Be aware that failure to follow 'Before Vasectomy Instructions' or cancellation with short notice may incur a \$200 cancellation fee.

Patient Signature

Date