

The Medical Procedures Center, P.C.

"We treat people, not just problems."

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Visit our website at: MPCenter.net

VASECTOMY ENCOUNTER FORM

PATIENT TO FILL OUT

Date _____

Referring Physician _____

Phone (H) _____ (W) _____

Partner's Name _____

Partner's Age _____

Education _____

Occupation _____

Present for counseling Y N

Marriage: 1st 2nd 3rd

Years _____

Name _____

Birthdate _____ Age _____ Weight _____

Education _____

Occupation _____

Marriage: 1st 2nd 3rd

Years _____

What is the quality of your marriage/relationship? _____

Any marital/relationship problems? _____

Any sexual problems? _____

Children's ages and sex _____

Religion _____

Do you have a religious conflict with vasectomy: Yes No

Current contraceptive _____

Are you or your partner experiencing any problems with this? _____

Considered tubal ligation? _____ Other temporary methods? _____

Why do you want a vasectomy? _____

How long have you been thinking about limiting your family size? _____

Your health Good Poor Partner's health Good Poor

Is there any genetic disease in the family? Yes No

If YES, please explain _____

Are you concerned about anything in particular in regards to the vasectomy? If so, describe: _____

How well do you tolerate pain? Well Okay Poorly

Do you have a tendency to faint? Yes No

OVER PLEASE

Past Medical History

Epididymitis? Y N
 Mumps in the testicles? Y N
 Hernia/surgery? Y N
 Trauma in the groin Y N
 VD, prostatitis, urine infection? Y N

Do you have bleeding tendencies? Y N
 Do you take aspirin? Y N
 Do you take any regular medications? Y N
 Have any major illness? Y N
 Psychological counseling? Y N

Allergies to medication: _____

Have you read and understood handouts explaining vasectomy? Y N Reviewed videotape? Y N Online? Y N
 (Staff: Access code _____ date _____)

Please circle below if you wish to purchase an athletic supporter for the cost of \$10.00 in the office.
 Small (30-32) Medium (32-34) Large (34-36) XLarge (36-39) XXLarge (39-43)

PHYSICIAN TO FILL OUT

Comprehensive history intake form reviewed? Y N

Physical Exam:

BP: _____ Oriented x3: _____

General appearance: Healthy Unhealthy weight

Hernia? _____ Yes _____ No
 Testicles _____ Normal _____ Abnormal
 Vas - palpable bilaterally _____ Yes _____ No
 Urethral discharge _____ Yes _____ No
 Scrotal contents varicocele R L spermatocele R L
 Skin: Within normal limits or _____

Counseling: Any questions regarding video or handouts? Yes No
 Diagram given to patient? Yes No

Impression: _____

Plan: Valium 10 mg ibuprofen 800 mg Atropine 0.5 sub q Needs Tdap Flu
 Vas scheduled Yes No Needs to improve diet Get cholesterol check
 Other: _____

Time: _____ Physician Signature _____ Date _____

cc: _____

POST OP

Date surgery performed _____ Complications _____

RESULT DATE INITIALS PT. NOTIFIED
 Semen check #1 _____

Semen check #2 _____

Okay to give results to _____ Okay to leave on answering machine Y N Cell Y N

PROBLEMS (see dictated note) DATE _____

I. _____