

PLANNED PARENTHOOD OF SOUTHWEST & CENTRAL FLORIDA

MANATEE - SARASOTA - TAMPA - FT. MYERS - LAKELAND - WINTER HAVEN - ST. PETERSBURG
(941) 567-3800 (941) 953-4060 (813) 980-3555 (239) 481-9999 (863) 665-5735 (863) 293-7494 (727) 898-8199

VASECTOMY SERVICES

Date:
Age: Contact Phone: ()
Pager/Cell: Work Phone: ()
Address: Street

Last/ First Name:
Chart#:
D.O.B.:

Please check all the ways we may contact you: Call home Call work Write home Other
Can we identify ourselves as Planned Parenthood if we call you? Yes No
The patient has been advised that a letter may be sent to above address if unable to contact by other designated means.
Race: White Hispanic Black Asian/Pacific Islander Native American Other

Person to be contacted for a medical emergency: Name Phone:

MEDICAL INFORMATION:

ALLERGIES (including metals): Current Medications

Hospitalizations / Surgery / Major illnesses / Injuries:

GENERAL HEALTH:

Do you smoke? Yes No How much:
Do you drink alcoholic beverages? Yes No How much:
Do you use street drugs? Yes No What drugs and how much:
My mother took DES (a hormone) to prevent miscarriage: Yes No Unknown

HAVE YOU EVER HAD: If yes, consult MD

Anemia Yes No
Asthma Yes No Take asthma medication today? Y N Bring inhaler? Y N
Diabetes Yes No
Inguinal hernia Yes No
Thyroid Disease Yes No
Heart problems / murmur Yes No
High blood pressure Yes No Consult MD if greater than 140/90
Previous failed vasectomy Yes No
Bleeding disorder or anti-coagulation therapy Yes No
Chronic illness that may cause poor healing Yes No
Testicular or scrotal abnormality, surgery, infection Yes No
Problems with anesthesia or lidocaine Yes No
Known very low sperm count Yes No

REPRODUCTIVE ORGAN / SEXUAL HISTORY:

Kidney / bladder infections or other problems Yes No
When did you last urinate
Unusual penile discharge now Yes No
Itching / burning / sores / rash / bumps now Yes No
Lower abdominal pain or pressure now Yes No
Pain or bleeding with intercourse now Yes No
Gonorrhea, syphilis, chlamydia, herpes, warts, HIV (circle) Yes No
Are you or your partner using birth control now? Yes No If yes, what are you using? If no, do you need contraception? Y N
Which kind of sex have you participated in Vaginal Oral Anal
Sexual preference Female Male Both
Does your partner(s) have symptoms of an infection or has recently been treated for a sexually transmitted infection? Yes No
How many sex partners in your life How many sex partners in the past 12 months How long have you been with your current partner

TO THE BEST OF MY KNOWLEDGE, THE ABOVE INFORMATION IS COMPLETE AND ACCURATE.

Patient Signature: Date:

The patient has viewed the vasectomy video The patient has been given post-op instructions verbally and in writing
Pt. aware follow-up visit is available, if needed Pt. aware that vas does not protect against STI &, until sperm count is clear, pregnancy

Staff Signature: Date: Physician Signature: Date: