

Vasectomy Patient Information

Name: _____ Date: _____ / _____ / _____
Last First Middle Initial Month Day Year

Marital Status: Single Married Widowed Divorced DOB: _____ / _____ / _____

CHILDREN:

Son(s) Number: _____ Age(s): _____

Daughter(s) Number: _____ Age(s): _____

CURRENT/PAST PROBLEMS:

(Check all that apply.)

Hernia *Please explain:*

Scrotum *Please explain:*

Testicles *Please explain:*

Groin *Please explain:*

DOCTOR TO FILL OUT BELOW THIS LINE

Reviewed with patient

Additions by me

Doctor Signature: _____ Date: _____ / _____ / _____
Month Day Year