

I, _____ am requesting to have my vasectomy consultation and procedure on the same day. This form will give doctors the information they need to determine if I am a candidate.

Date of Birth: _____ Phone Number _____ e-mail _____

Health Card Number (with version code): _____

Age _____ Marital Status _____ # yrs _____ #children _____ Height _____ Weight _____ lbs Age of Partner _____

Current Birth Control Method: _____

Regular medications (including Aspirin and any over the counter medications):

Allergies to medications:

Health problems:

Please circle Y or N:

Do you have diabetes? Y N

Have you ever had ANY surgery on your scrotum, *including any operations as a child*, repair of an undescended testicle, or testicular torsion, or a groin hernia repair? (circle which) Y N

Are you allergic to local anesthetics? Y N

Are you allergic to latex? Y N

Do you take any blood thinners, aspirin, or anti-inflammatories? Y N

Do you take any medications that interfere with your immune system, including medications for arthritis, chemotherapy, or steroids? Y N

Have you ever been diagnosed with HIV/AIDS, or Hepatitis B or C? Y N

Do you have an active or untreated sexually transmitted disease? Y N

I have read the website (www.torontovasectomyclinics.ca) and in particular all the FAQ's, including the sections 'Risks of Vasectomy', 'Vasectomy Success Rates', 'Before your vasectomy', and 'After your vasectomy'. I understand the risks and limitations of vasectomy. _____ (initials)

I have prepared myself according to the 'Before your Vasectomy' guidelines, including obtaining a scrotal support to put on BEFORE my procedure, and a ride home postoperatively. _____ (initials)

I understand that this is a same-day **application form only** and that **UNTIL** I have been contacted with confirmation of physician approval, I am **NOT** booked for a same day appointment. I am also aware that due to the high volume of applications, it may take several weeks to hear back from the clinic about same day approval _____ (initials)

If my same day request is approved and booked, I understand that time is being set aside by the doctors to accommodate me. I understand that unexpected findings in my history or examination may prevent the procedure from being performed, for safety reasons. If I miss or cancel this appointment with less than 2 full business days notice, the cancellation fee is **\$200.00**. If I show up for the appointment and I am inadequately prepared, or if the information on this application form is incorrect or incomplete such that the vasectomy cannot be performed, I understand that I will be charged a procedure cancellation fee of **\$100.00**.

Signature

Patient's Name

Date