Date:		
Patient MR #:		

EVALUATION FORM FOR VASECTOMY

UT ERLANGER UROLOGY

Name			
Age			
Date of Birth			
Your Occupation			
Employer			
Religion			
How did you hear about our services?			
Previous impregnation number			
SEXUAL HISTORY			
Erectile Difficulty	Yes	No	
Ejaculatory Difficulty	Yes	No	
Loss/change in libido (sex drive)	Yes	No	
CHILDHOOD AND DEVELOPMENT			
Age of onset of puberty			
Testicular torsion/trauma	Yes	No	
MEDICAL HISTORY			
Heart Disease	Yes	No	
Heart Murmur	Yes	No	
Hypertension	Yes	No	
Diabetes	Yes	No	
Asthma	Yes	No	
Hepatitis	Yes	No	
Cancer	Yes	No	
If yes, type and treatment			
Other			

SURGICAL HISTORY (if yes, specific procedure and diagnosis) Orchidopexy (surgical repair of undescended testicle) Yes No Orchiectomy (surgical removal of testicle) Yes No If yes, diagnosis Hernia repair Yes No Pelvic surgery Yes No Scrotal surgery Yes No Retroperitoneal surgery (involving abdominal organs) Yes No Other _____ INFECTIONS (if yes, when and how was it treated) Gonorrhea Yes No Chlamydia Yes No Syphilis Yes No Herpes Yes No Mumps Yes No **Prostatis** Yes No Urethritis Yes No Cystitis (bladder infection) No Yes Pyelonephritis (kidney infection) Yes No Epididymitis (testicle infection) Yes No Other

MEDICATION/CHEMICAL/ENVIRONMENTAL EXPOSURE

Prescription medications	Yes	No
If yes, name and dosage		
Drug Allergies	Yes	No
If yes, name of drug		
Alcohol	Yes	No
If yes, how much and how often		
Marijuana	Yes	No
If yes, how much and how often		
Other drugs	Yes	No
If yes, how much and how often		
Tobacco	Yes	No
If yes, how much and how often		

FAMILY HISTORY (if yes, who in family affected)

Heart diseas	Yes	No
Diabetes	Yes	No
Cancer	Yes	No
Genetic disease	Yes	No
REVIEW OF SYSTEMS		
Have you had any of the following:		
Constitutional – weight change, weakness, fever, fatigue, chills	Yes	No
Cardiovascular – high blood pressure, murmurs, chest pain	Yes	No
Respiratory – cough, shortness of breath, asthma, bronchitis	Yes	No
Gastrointestinal – difficulty swallowing, heartburn, nausea, vomiting	Yes	No
Genitourinary – hematuria, frequency, urgency, discharge, lumps	Yes	No
Musculoskeletal – muscle or joint pain, stiffness, arthritis	Yes	No
Skin/Breasts – rashes, itching, lumps, sores, color change	Yes	No
Hematological/Lymphatic- anemia, easy bruising	Yes	No
Allergic/Immunologic – immunizations, allergies, HIV testing	Yes	No
If you answered YES to any of the above please explain them below:		

PHYSICAL EXAM

Lungs clear Yes No Heart regular rate/rhythm Yes No Abdomen Yes No Tender Yes No Masses (liver/spleen) Yes No Scars Yes No Hernia Yes No Hernia Yes No Penis Yes No Circumcised Yes No Meatus normal Yes No Plaques/curvature Yes No Plaques/curvature Yes No Number Yes No Size (vol. or cm Yes No Masses Yes No Tender Yes No Epididymis Yes No Present Yes No Spermatic cord Yes No Vas present Yes No Vassal defects Right/Left Yes No Granulomas Yes	HEENT normal		Yes	No
Lungs clear Yes No Heart regular rate/rhythm Yes No Abdomen Yes No Tender Yes No Masses (liver/spleen) Yes No Scars Yes No Hernia Yes No Penis Yes No Circumcised Yes No Meatus normal Yes No Plaques/curvature Yes No Plaques/curvature Yes No Number Yes No Size (vol. or cm Yes No Masses Yes No Tender Yes No Tender Yes No Indurated/tender Yes No Spermatic cord Yes No Vas present Yes No Vassal defects Right/Left Yes No Granulomas Yes No Voricocele Ye	If no, describe abnormalities			
Heart regular rate/rhythm Yes No Abdomen Tender Yes No Masses (liver/spleen) Yes No Scars Yes No Hernia Yes No Penis Yes No Matus normal Yes No Plaques/curvature Yes No Matus normal Yes No Plaques/curvature Yes No Number Yes No Size (vol. or cm Yes No Masses Yes No Tender Yes No Epididymis Yes No Present Yes No Indurated/tender Yes No Spermatic cord Yes No Vaspresent Yes <td>Lymphadenopathy</td> <td></td> <td>Yes</td> <td>No</td>	Lymphadenopathy		Yes	No
Abdomen Yes No Tender Yes No Masses (liver/spleen) Yes No Scars Yes No Hernia Yes No Penis Yes No Circumcised Yes No Meatus normal Yes No Plaques/curvature Yes No Plaques/curvature Yes No Mestes Yes No Number Yes No Size (vol. or cm Yes No Masses Yes No Tender Yes No Epididymis Yes No Present Yes No Indurated/tender Yes No Spermatic cord Yes No Vaspresent Yes No Vaspresent Yes No Varicoccle Yes No If yes, how big Small Medium La	Lungs clear		Yes	No
Tender Yes No Masses (liver/spleen) Yes No Scars Yes No Hernia Yes No Penis Yes No Circumcised Yes No Meatus normal Yes No Plaques/curvature Yes No Testes Yes No Number Yes No Size (vol. or cm Yes No Masses Yes No Tender Yes No Epididymis Yes No Present Yes No Indurated/tender Yes No Spermatic cord Yes No Vas present Yes No Varicocele Yes No If yes, how big Small Medium Large Rectal Prostate size Yes No Seminal vesicles palpable Yes No Extremiti	Heart regular rate/rhythm		Yes	No
Masses (liver/spleen) Yes No Scars Yes No Hernia Yes No Penis Yes No Circumcised Yes No Meatus normal Yes No Plaques/curvature Yes No Descended Yes No Number	Abdomen			
Scars Yes No Hernia Yes No Penis Yes No Circumcised Yes No Meatus normal Yes No Plaques/curvature Yes No Testes Yes No Descended Yes No Number	Tender		Yes	No
Hernia Yes No Penis Yes No Circumcised Yes No Meatus normal Yes No Plaques/curvature Yes No Testes	Masses (liver/spleen)		Yes	No
Penis Yes No Meatus normal Yes No Plaques/curvature Yes No Testes Testes No Descended Yes No Number	Scars		Yes	No
Circumcised Yes No Meatus normal Yes No Plaques/curvature Yes No Testes Yes No Descended Yes No Number	Hernia		Yes	No
Meatus normal Yes No Plaques/curvature Yes No Testes Yes No Descended Yes No Number	Penis			
Plaques/curvature Yes No Testes Descended Yes No Number	Circumcised		Yes	No
Testes Yes No Number ————————————————————————————————————	Meatus normal		Yes	No
Descended Yes No Number	Plaques/curvature		Yes	No
Number	Testes			
Size (vol. or cm Yes No Masses Yes No Tender Yes No Epididymis Yes No Present Yes No Indurated/tender Yes No Spermatic cord Yes No Vas present Yes No Vassal defects Right/Left Yes No Varicocele Yes No If yes, how big Small Medium Large Rectal Yes No EPS Yes No Seminal vesicles palpable Yes No Extremities intact Yes No	Descended		Yes	No
Masses Yes No Tender Yes No Epididymis Present Yes No Indurated/tender Yes No Spermatic cord Vas present Yes No Vassal defects Right/Left Yes No Varicocele Yes No Small Medium Large Rectal Prostate size EPS Yes No Seminal vesicles palpable Yes No Extremities intact Yes No Yes No No Extremities intact	Number			
Tender Epididymis Present Present Indurated/tender Yes No Indurated/tender Vas present Vas present Vas present Vassal defects Granulomas Varicocele If yes, how big Rectal Prostate size EPS Seminal vesicles palpable Extremities intact Yes No Yes No No Seminal vesicles palpable Extremities intact Nes No	Size (vol. or cm			
Epididymis Present Present Indurated/tender Spermatic cord Vas present Vas present Vassal defects Granulomas Varicocele If yes, how big Rectal Prostate size EPS Seminal vesicles palpable Extremities intact Yes No Yes No Yes No Seminal Vesicles palpable Yes No Seminal vesicles palpable Yes No Yes No Seminal Vesicles palpable Yes No	Masses		Yes	No
Present Yes No Indurated/tender Yes No Spermatic cord Vas present Yes No Vassal defects Right/Left Granulomas Yes No Varicocele Yes No If yes, how big Small Medium Large Rectal Prostate size EPS Yes No Seminal vesicles palpable Yes No Extremities intact Yes No	Tender		Yes	No
Indurated/tender Yes No Spermatic cord Vas present Yes No Vassal defects Right/Left Granulomas Yes No Varicocele Yes No If yes, how big Small Medium Large Rectal Prostate size EPS Yes No Seminal vesicles palpable Yes No Extremities intact Yes No	Epididymis			
Spermatic cord Vas present Vassal defects Granulomas Varicocele If yes If yes, how big Rectal Prostate size EPS Seminal vesicles palpable Extremities intact Yes No Right/Left Yes No	Present		Yes	No
Vas present Vassal defects Granulomas Varicocele If yes, how big Rectal Prostate size EPS Seminal vesicles palpable Extremities intact Yes No Right/Left Yes No Seminal Vesicles palpable Yes No	Indurated/tender		Yes	No
Vassal defects Granulomas Varicocele If yes, how big Rectal Prostate size EPS Seminal vesicles palpable Extremities intact Right/Left Yes No Yes No Small Medium Large Yes No Small Medium Large Yes No	Spermatic cord			
Granulomas Varicocele Yes No Varicocele Yes No If yes, how big Rectal Prostate size EPS Seminal vesicles palpable Extremities intact Yes No	Vas present		Yes	No
Varicocele Yes No If yes, how big Small Medium Large Rectal Prostate size EPS Yes No Seminal vesicles palpable Yes No Extremities intact Yes No	Vassal defects	Right/Left		
If yes, how big Rectal Prostate size EPS Seminal vesicles palpable Extremities intact Small Medium Large Ves No Yes No Yes No	Granulomas		Yes	No
Rectal Prostate size EPS Seminal vesicles palpable Extremities intact Yes No	Varicocele		Yes	No
Prostate size EPS Yes No Seminal vesicles palpable Yes No Extremities intact Yes No	If yes, how big	Small	Medium	Large
EPS Yes No Seminal vesicles palpable Yes No Extremities intact Yes No	Rectal			
Seminal vesicles palpable Yes No Extremities intact Yes No	Prostate size			
Extremities intact Yes No	EPS		Yes	No
	Seminal vesicles palpable		Yes	No
Neurologic exam intact Yes No	Extremities intact		Yes	No
	Neurologic exam intact		Yes	No