HAXBY GROUP PRACTICE

VASECTOMY REFERRAL PRO-FORMA

FOR NHS-FUNDED PATIENT

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| Patients Full Name: <Patient Name> | Date of Birth: <Date of Birth> |
| Patients Address:<Patient Address> | Daytime telephone No: <Patient Contact Details> |
| Mobile No: <Patient Contact Details> |
| NHS No:<NHS number> |

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| **The above patient is being referred for:**Bilateral Vasectomy under local anaesthesia for contraceptive purposes |
| The above patient has been counselled regarding vasectomy, and it is felt that vasectomy is appropriate for his future contraceptive requirements.  |
| The following have been explained:It should be thought of as an irreversible procedure. [ ]  A small amount of scrotal bruising often occurs. [ ]  A negative semen analysis will be required before declaration of infertility. [ ]  Occasionally bleeding may occur that requires further intervention. [ ]  Post-operative wound infection. [ ]  Spontaneous reversal may occur in approximately 1 in 2300 cases. [ ]  There is a risk of chronic testicular pain and sperm granuloma. [ ]    |
| **None of the following exclusion criteria are present:**BMI >35 **BMI**        **\**Mandatory – This field must be completed*** History of allergy to local anaesthesia or iodine [ ]  Large varicocele or large hydrocele [ ]  No transport home (must take a taxi or be driven home) [ ]  History of cryptorchidism, inguinoscrotal hernia or coagulation disorder [ ]  Previous scrotal surgery/serious scrotal injury [ ]   |
| **I have explained the procedure and the risks associated with it to the above patient.**Referring Doctors Name: <Sender Name> (please print)Referring Doctors Practice Address: <Organisation Address>Referring Doctors Practice Code B82073………………Signed:       Date:<Today's date>I consent to undergo bilateral vasectomy under local anaesthesia as explained to me.Patient Name: <Patient Name> (please print)Signed:       Date: <Today's date> |