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> |