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| --- | --- |
| **Patient Details** |  |
| Surname: | First name: |
| Address: | Date of Birth: |
| NHS Number: |
| Email address: |
| Mobile telephone number: | Home telephone number: |
| *The patient will have the initial telephone call with a member of the vasectomy team so we must have a valid mobile telephone number. Please inform the patient that telephone calls from this service should appear as 023 810 32800 and they must answer their phone at their appointment time* | |
| **Referrer** | |
| GP: | Surgery name: |
| Surgery address: | Surgery telephone number: |
| Surgery email address: |
|  | |
| **Past medical history:** | |
| Details: | |
| *Diabetes?* | Yes No |
| ***All diabetic men*** must have had a recent (within 3 months) HbA1C of <69mmol/ mol. | |
| Please provide details of last HbA1c level | Date of test |
| *Previous operations / problems with scrotum / testes:* | Yes No |
| Details: | |
| **Current medication:** | |
| **Allergies:** | |
| *Previous allergy to Local anaesthetic?* | Yes No |
| Details: | |
|  |  |
| Length of current relationship:  months / years | |
| **Number of Children:** | |
| Current relationship: | Previous relationship: |
|  |  |
| **Vasectomy information given:** | |
| Procedure is irreversible [] Yes | Failure rate (1:100 immediate/ 1:2000 late) [] Yes |
| Availability of LARCs [] Yes | Risk of Chronic Testicular pain [] Yes |
|  | |
| **GP to book the patient into the vasectomy service using NHS E-referrals** and attach this referral proforma (search for Solent Vasectomy Service) | |
| *Further information for patients regarding vasectomies can be found on our website:* [*www.letstalkaboutit.nhs.uk*](http://www.letstalkaboutit.nhs.uk) *(under contraception tab)* | |