Once completed please email to: **sexualhealth.teesside@nhs.net**

Subject title: **Vasectomy Referral**

|  |  |
| --- | --- |
| **Patient Demographics** | |
| Name: |  |
| Address |  |
| Phone Number |  |
| Date of Birth |  |
| **GP Practice Details** | |
| GP name |  |
| Practice Address |  |
| Practice email address |  |
| Relevant medical history |  |
| Relevant urology history |  |
| Name and position of referrer |  |
| **Referrers Details** | |
| Referral date |  |
| Name of referrer |  |
| Position of referrer |  |

Please see next page for **exclusion criteria**

|  |
| --- |
| **Exclusion criteria** |
| * Anybody under the age of 18 * Lack of consent / Lack of capacity to give informed consent * Genital infections – Balanitis, Epididymitis, Orchitis or active sexually transmitted disease * Scrotal skin infection/ inflammation * Structural abnormalities – Varicocele, Hydrocele, Cryptorchidism, Inguinal hernia, retractile/ ascending testes, small tight scrotum * Previous scrotal surgery – undescended testes, excision of varicocele/hydrocoele/ inguinal hernia * Obesity (BMI more than 35) * Scrotal skin hypersensitivity/ brisk cremasteric reflex * Bleeding disorders * Taking blood thinners such as warfarin (If takin aspirin patient needs to stop it 3 days prior and re-start 2 days after the procedure) * Allergy to local anaesthetics * Tendency to faint * Service user refusal of local anaesthetic * Those deemed unsuitable for local anaesthetic   + Drug or alcohol misuse   + Diabetes (Last HbA1C must be less than 58)   + Unstable heart conditions * Anxiety affecting the ability to lie still for 30 minutes |