



**New Patient Survey For Patients Visiting
The Men's Health Center for Vasectomy Reversal**

Clinic - (317) 564-5104 | Surgery Scheduling - (317) 807-0159

Name: _____

Date of Birth: _____

1) As best as you can remember, in what year was your vasectomy?

• _____

2) Were there any complications with your vasectomy?

Yes / No

If yes, please explain: _____

3) How old are you?

• _____

4) What is your current partner's name, age, and date of birth (DOB)?

Partner's Name, Age, and DOB: _____

5) What best describes you and your partner's relationship? How long have you been together in this capacity? (ex. married for 3 years)

Relationship and duration: _____

6) How many times has your partner been pregnant, including with any prior relationships?

• _____

7) How many children does your partner have? How old is her youngest child?

• _____

8) How many children do you have? How old is your youngest child?

• _____

9) Does your partner have any long-term medical conditions or take any medications?

Yes / No

If yes, please explain: _____

10) Does your partner have regular monthly cycles?

Yes / No

If no, please explain: _____

11) There are two way to achieve pregnancy following vasectomy: vasectomy reversal or in vitro fertilization (IVF) with sperm retrieval. Are you and your partner considering IVF with sperm retrieval or would you like to learn more?

Yes / No

12) When performing a vasectomy reversal, we are sometimes able to retrieve sperm from the testicle that can used for IVF in the future in case the vasectomy reversal is not successful. Think of this like an 'insurance policy.' Is this something you would be interested in if you move forward with vasectomy reversal?

Yes / No

13) Besides your vasectomy, have you had any other surgeries on your genitals or in your pelvis or groin (ex. an inguinal hernia repair)?

Yes / No

If yes, please explain: _____



**New Patient Survey For Patients Visiting
The Men's Health Center for Vasectomy Reversal**

Clinic - (317) 564-5104 | Surgery Scheduling - (317) 807-0159

14) Have you ever taken testosterone, SARMs, or other anabolic steroid products?

Yes / No

If yes, please explain: _____

15) What do you do for a living?

• _____