

# Vasectomy Central

## Intake Form

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Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Emergency contact's name: \_\_\_\_\_ Phone: \_\_\_\_\_

How did you first hear about us? (circle one):

google | social media | friend | doctor | wife | ad | other: \_\_\_\_\_

Have you taken any Aspirin in the last 7 days (i.e ASA 81mg)?

Yes | No (circle one)

Do you have allergies to Latex?

Yes | No (circle one)

Did you take Triazolam before the procedure?

Yes | No (circle one)

Do you have a ride home?

Yes | No (circle one)

I **understand** that a sick note and the completion of any future disability forms related to this procedure are included in the fee for the uninsured portion. *(see clipboard for details)*

Initials: \_\_\_\_\_

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_