

MEDICAL RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION <i>(Sign each entry)</i>
	Vasectomy counseling note:
	1. ____-year-old male in stable <input type="checkbox"/> marriage <input type="checkbox"/> relationship for ____ years has ____ child(ren).
	2. Patient has considered alternative methods of contraception including female sterilization.
	3. Current contraception use:
	4. Patient accepts this as an irreversible procedure and is aware that he may hire sperm banking at his own expense prior to surgery, if desired.
	5. Past medical history:
	6. Past surgical history:
	7. Drug allergies:
	8. Current medications:
	9. GU exam: (including testes, vas deferens, and scrotal masses)
	10. Impression: Mature male desires permanent sterilization <input type="checkbox"/> meeting <input type="checkbox"/> not meeting criteria for bilateral elective vasectomy.
	11. Plan: Surgical risks discussed include - failure of procedure (0.1 to 0.4%); sperm granuloma (15 to 40%, but less than 3% are symptomatic); congestive epididymitis (0.4 to 6%); bleeding, hematoma (less than 5%); infection (2 to 6%); permanent pain (rare); psychological complication (increased or decreased sexual performance - uncommon).
	12. Surgical procedure described, post-op convalescence and follow up sperm procedure explained. <input type="checkbox"/> Schedule the procedure.
	13. Patient voices understanding and desires to proceed. <input type="checkbox"/> Yes <input type="checkbox"/> No
	Provider's signature and stamp:

HOSPITAL OR MEDICAL FACILITY	STATUS	DEPART./SERVICE	RECORDS MAINTAINED AT
SPONSOR'S NAME	SSN/ID NO.	RELATIONSHIP TO SPONSOR	

PATIENT'S IDENTIFICATION: <i>(For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex; Date of Birth; Rank/Grade.)</i>	REGISTER NO.	WARD NO.
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Medical Record
STANDARD FORM 600 (Rev. 6-97)
 Prescribed by GSA/ICMR
 FIRMR (41 CFR) 201-9.202.1

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Previous edition may be used until exhausted.

