MEDICAL RECORD	CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION *(Sign each entry)*
	Nursing Notes for Pre-Vasectomy Instruction Class
Date:	S: Patient requests vasectomy.
Time:	O: Age: _____ -year-old male Number of children: Ages of children:
	Allergies:
	Tobacco: ETOH:
	A: Pain level: No pain > 0 1 2 3 4 5 6 7 8 9 10 < Worst imaginable
	Location of pain, if applicable:
	If pain level is 4 or higher, health care provider will be notified.
	Anxiety level prior to procedure: ☐ 1 - Low ☐ 2 - Medium ☐ 3 - High
	If anxiety level is 3, health care provider will be notified.
	Knowledge deficit related to procedure: ☐ Needs teaching ☐ Informed
	P: Education and counseling conducted in accordance with the Vasectomy Counseling SOP
	E: Patient verbalizes understanding of procedure and instructions per pre-vasectomy form: ☐ Yes ☐ No
	Pre-vasectomy instruction sheet signed and dated: ☐ Yes ☐ No
	Nursing personnel signature:

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

PATIENT'S IDENTIFICATION: *(For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex; Date of Birth; Rank/Grade.)*	REGISTER NO.	WARD NO.