

Jeffrey P. Buch, M.D.
Vasectomy Reversal Questionnaire

Instructions: Please save this word document on your hard drive, then reply directly on the questionnaire. Save your reply and e-mail back as an attachment to info@vasectomyreversal.com.

Name

Date of Birth:

Home Address:

Phone Number:

Occupation:

Wife's Name:

Wife's Occupation:

Wife's Date of Birth:

Wife's Fertility Concerns:

Urologic History: Y/N

Urinary infections:

Genital trauma:

Other:

Reproductive History:

Number of children (present wife):

Number of children (prior wife):

Years since vasectomy:

Complications of vasectomy:

Past Medical History:

Past surgery:

Past diseases:

Known drug allergies:

Current medications:

Alcohol consumption:

Tobacco use:

Family History:

Diabetes:

Hypertension:

Stroke:

Heart Disease:

Cancer:

Infertility:

Height:

Weight:

Questions for Dr. Buch:

NOTE: If you are 50 years or older, you must submit an EKG report performed within the past 12 months.

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Please feel free to use this extra sheet for any additional questions.