



## **Wellington Vasectomy Clinic Consent Form**

I,.....[full name of patient]

consent to undergo the operation of vasectomy, the nature, purpose and risks of which have been explained to me by:

[Name].....[doctor/nurse]

1. I understand that the operation is to make me sterile and unable to father children in the future.
2. I understand that if I change my mind in the future that there is no guarantee that the vasectomy can be successfully reversed and that a vasectomy reversal is considerably more expensive.
3. I understand that there is a possibility of failure and that I may not become or remain sterile.
4. I understand there is a possibility of complications such as bleeding, bruising, infection or pain that may require further treatment.
5. I understand that I am unlikely to be sterile for some time after the operation and that I should continue to use another method of contraception until my sperm counts are negative.
6. I consent to the administration of local anaesthetic.
7. I have read and understood the WVC vasectomy brochure.

Patient Signature.....Date.....

Surgeon Signature.....Date.....