Please send this form with the referral letter or to the consultant who you sent the referral to.

**Lifestyle Information**

<table>
<thead>
<tr>
<th>Latest BMI: ${Latest_BMI}</th>
<th>Latest BP: ${Latest_BP}</th>
<th>Smoking Status:</th>
</tr>
</thead>
</table>

Has the patient been referred for:  □ Weight Management  □ Smoking Cessation

**T12 Vasectomies under General Anaesthetic.**

**Information Governance Statement**

All Prior Approval Requests must be reviewed by the clinical commissioning group (CCG) as the statutory body responsible for funding decisions. This application form and other supporting information supplied may be shared with the CCG. If so, personal information will be retained only for the purposes of this Prior Approval Request and, in some cases, may be used for invoicing and payment reconciliation. The patient’s medical records may be used for the purpose of clinical audit which will be completed by a clinician. Anonymised information may also be shared as part of the CCG reporting process.

Does the patient consent to the sharing of their personal information?  Y/N

Refusal of consent will not preclude application of this referral. However, the referring body must ensure that all personal identifiable data is redacted from this application.

Instructions for use:

**To Referring Clinicians (e.g. GP’s):** Please refer to the above policy and complete the following form prior to referral and provide evidence to support the criteria.

**To Consultants:** Please complete the box below and ensure there is evidence that the criteria are met.

**WSSCG will only fund vasectomies under general anaesthetic when the following criteria are met.**

In ordinary circumstances*, referral should not be considered unless the patient meets one or more of the following criteria.

<table>
<thead>
<tr>
<th>Any previous documented adverse reaction to local anaesthetic?</th>
<th>Y/N</th>
</tr>
</thead>
<tbody>
<tr>
<td>Is there scarring or deformity distorting the anatomy of the scrotal sac or content making identification and/or manipulation of the spermatic cord through the skin difficult to achieve?</td>
<td>Y/N</td>
</tr>
<tr>
<td>Is the patient on anticoagulation therapy?</td>
<td>Y/N</td>
</tr>
</tbody>
</table>

*If clinician considers need for referral/treatment on clinical grounds outside of these criteria, please refer to the CCG’s Individual funding request policy for further information.
Fear of the procedure or patient choice is **not** an adequate reason for requesting vasectomy under general anaesthetic. In cases of severe phobia, application for treatment may be made by individual funding request.

**Consultant Use Only:**
Please complete the following and file for future compliance audit.

Referral criteria is met and the patient will benefit from the proposed treatment: Y/N

Signature..........................................
Date:
Consultant Name:
Institution:

**GP Use Only:**
Practice Stamp/Address:

Referring Clinician _______________________

Date: ___/___/___

**For Commissioners Use:**

Criteria met as per policy Y/N
Compliance with notes Y/N
Audit Date:
Audited by:

<table>
<thead>
<tr>
<th>Version No</th>
<th>Updated by</th>
<th>Date updated</th>
</tr>
</thead>
<tbody>
<tr>
<td>2.1</td>
<td>V Stearn</td>
<td>Feb 2017</td>
</tr>
</tbody>
</table>