



Circumcision Clinic

Anwar Khan MBBS,FRCS (Edin.)

Consent Form

Name: Master Ismail Sultan Ahmed

DOB: 23.11.2022

Address: 66, St Clement Close, Truro, TR1 1PA

Name of the procedure: Male Circumcision

Statement of the health professional:

I have explained the procedure to the parents in detail. I have explained the risks of the procedure such as **pain, bleeding, infection, meatal scabbing (inflammation of the opening of the penis) or stenosis (narrowing), removal of too much or too little skin, urethral injury, injury (amputation) of the glans and inclusion cyst.** Very rarely a revision is required.

Occasionally Circumplast/ may not extrude out spontaneously and may require removal. In case of bleeding the child may require emergency operation and / or hospitalisation and blood transfusion. There is also a very small risk of **hypersensitivity reaction to local anaesthetics.**

Verbal and written information has been given to the parents. They have also watched an informative video. I have explained restraining during procedure and discussed sharing of information with other healthcare providers.

Signed:

Date: 12.06.2024

Name: Anwar Khan

Statement of the parents:

I / we agree to the procedure described above for our son.

I / we understand that the procedure will involve local anaesthesia.

I / we have received verbal & written information & watched a Video).

Signature: Relationship to the patient

Name (Print): Sultan Ahmed

Father

Signature:

Name (Print): Humayra Rahman Koly

Mother

Statement of the patient (If child wishes to sign):

I agree to the procedure described above for me.

I understand that the procedure will involve local anaesthesia.

I have received verbal & written information provided by the clinic.

Signature:

Name (Print): Master Ismail Sultan Ahmed

Statement of the Interpreter (where appropriate)

I have interpreted the information above to the child and his parents to the best of my ability and in a way in which I believe they can understand.

Signed:

Date: 12.06.2024

Name (Print):

Contact Number:

Address:

Confirmation of consent (to be completed by the health professional if the parent(s)/child have signed the form in advance).

I have confirmed with the child and his parent(s) that they have no further questions and wish to go ahead with circumcision.

Signed:

Date: 12.06.2024

Name (Print):

Parents Details:

Father's name: Sultan Ahmed

Mother's name: Humayra Rahman Koly

Telephones: 01872271888

Mobile: 07920884909

Child's GP's details: Lander Medical Practice, Truro Health Park,
Infirmary Hill, Truro TR1 2JA

Weight of your son

~~10.90~~ Kg

12 kg



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ID Documents check

Name: Master Ismail Sultan Ahmed

Date of birth: 23.11.2022

Address: 66, St Clement Close, Truro, TR1 1PA

Baby – One of the following

- Birth Certificate
- Red book
- Mother and Baby wrist band
- Passport
- Resident permit

Parents – one of the following

- Passport Father / Mother
- Driving licence Father / Mother
- Resident permit Father / Mother

Date: 12.06.2024

Signature of the staff:
Name of Staff: Lauren