

CIRCUMCISION CLINIC



CONSENT FORM


Name: Muhammad Lawin Jabbi
DOB: 18/01/2016
Address: 29 Wilton Close Bristol
BS10 5PF

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, scar, suture marks/suture tunnels and revision** following the procedure. 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.

Signed: 
Name: Anwar Khan

Date: 12/06/24

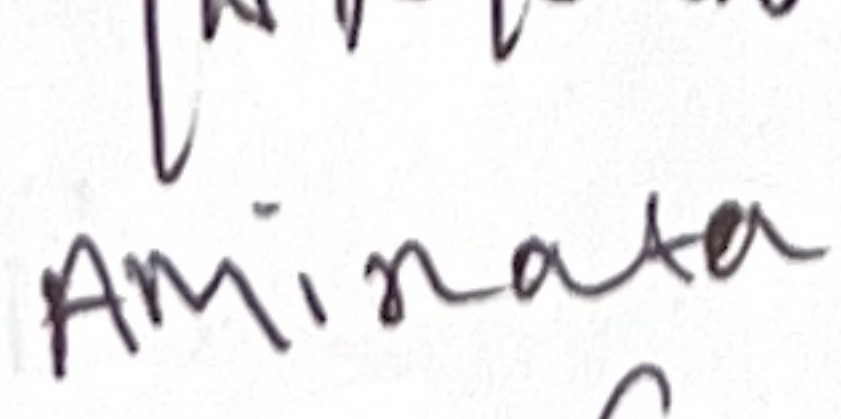
Statement of the parents:

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 provided by the clinic.

Signature:  Relationship to the patient

Name (Print): ANWAR KHAN JABBI Father

Signature:

 Aminata Joof-Jabbi

Name (Print): AMINATA JOOF-JABBI Mother

Statement of the patient:

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):

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.

Signature:

Date:

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.

Signature:

Date:

Name (Print):

Parents Details:

Father's name:

Mother's name:

Telephones: Home

Child's GP's details:

Mobile:

Weight of your son

DR. A. CROSS

Southmead Surgery

Southmead Bristol

TEL 0117 959 8939