



Circumcision Clinic

Anwar Khan MBBS, FRCS (Edin.)

Consent Form

Name: Master Rayed Chowdhury

DOB: 22.02.2024

Address: 117, Ambleside Avenue, Bristol, BS10 6HD

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): H M Billah Chowdhury

Father

Signature:

Name (Print): Moharrema Akter Robayet

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 Rayed Chowdhury

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: H M Billah Chowdhury

Mother's name: Moharrema Akter Robayet

Telephones: 07365489275

Mobile: 07365489275

Child's GP's details: Southmead Family Practice

Weight of your son ~~6.00~~ Kg

5.935 kg



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ID Documents check

Name: Master Rayed Chowdhury

Date of birth: 22.02.2024

Address: 117, Ambleside Avenue, Bristol, BS10 6HD

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