



# Circumcision Clinic

Anwar Khan MBBS,FRCS (Edin.)

## Consent Form

Name: Master Mishael Oluwashindara Iyanoluwa Adeleke

DOB: 13.05.2024

Address: 159, Treffry Road, Truro, TR1 1UF

**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): Adewale Omoniyi Adeleke

Father

Signature:

Name (Print): Abiola Omorinola Adeleke

Mother

Name: Master Mishael Oluwashindara  
Date of birth: 13.05.2024  
Address: 159, Treffry Road, Baby - One

**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 Mishael Oluwashindara Iyanuoluwa Adeleke

**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:

Name (Print):

Contact Number:

Address:

Date: 12.06.2024

**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:

Name (Print):

**Parents Details:**

Father's name: Adewale Omoniyi Adeleke

Mother's name: Abiola Omorinola Adeleke

Telephones: 07774852316

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

Date: 12.06.2024

Mobile: 07774852375  
Weight of your son  
Kg

4-715ng



# Circumcision Clinic

Anwar Khan MBBS,FRCS (Edin.)

## ID Documents check

**Name:** Master Mishael Oluwashindara Iyanoluwa Adeleke

**Date of birth:** 13.05.2024

**Address:** 159, Treffry Road, Truro, TR1 1UF

**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