



Circumcision Clinic

Anwar Khan MBBS,FRCS (Edin.)

Consent Form

Name: Master Nwaokocha Ebubechukwu

DOB: 222..05.2024

Address: 29 Connaught Road CF24 3PU

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.

Date: 12/06/2024

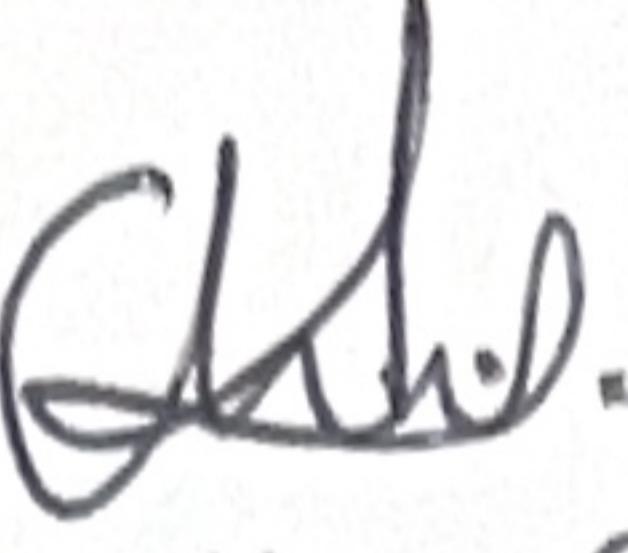
Signed:

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:

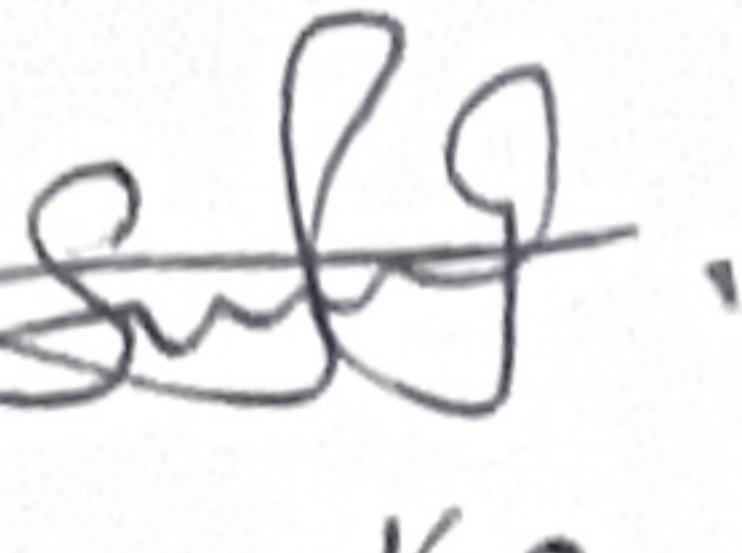
Name (Print): 

NWAOKOCHA CHINEPU

Relationship to the patient

Father

Signature:

Name (Print): 

Mother

Nwaokocha chukwuemeka mary Jane

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):

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.

Date: 12/06/2024

Signed:

Name (Print):

Parents Details:

Father's name: Nwaokocha Eze Ugo

Mother's name: Nwaokocha MaryJane

Telephones: 0778010647

Child's GP's details: Roathwell Surgery

Mobile: 0778010647

Weight of your son:

4Kg

CIRCUMCISION CLINIC



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ID Documents check

Name: Master Nwaokocha Ebubechukwu
DOB: 222..05.2024
29 Connaught Road CF24 3PU

Baby - One of the following

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

Parents (Photo ID) - one of the following

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

Date: 12-06-24.

Signature of the staff:

Name of Staff: Noor J.