



PATIENT FOLLOW-UP FORM FOR MIND MAY 2019 OR ADVERSE EVENTS



Folder no. Mun 4015	Date	962020	19
First name(s)	Surname	Kutum	rela
Phone 681 - 563 - 716	Date of birth	101220	500
PATIENT FOLLOW-UP			
Follow-up observation occurred	Partial circumcision		
Client circumcised at other facility	Name of facility		
CIRCUMCISION OUTCOME Complete circumcision	Partial circumcision		
FOLLOW-UP QUESTION			
Does the client experience any symptoms during urination?	Y		
Is there a current problem with the appearance of the penis?	Y		
Did the client have sex between time of surgery and today?	Y		
Comments:			
ADVERSE EVENTS For each adverse event, please tick one box from each category Nature of adverse event	Timing of adve	rse event Sev	erity of adverse event
For each adverse event, please tick one box from each category	Timing of adve Intra -operative	rse event Sev Post Milo -operative	
For each adverse event, please tick one box from each category	Intra	Post Mile	
For each adverse event, please tick one box from each category Nature of adverse event	Intra	Post Mile	
For each adverse event, please tick one box from each category Nature of adverse event Bleeding-related (bleeding, haematoma)	Intra	Post Mile	
For each adverse event, please tick one box from each category Nature of adverse event Bleeding-related (bleeding, haematoma) Infection-related (wound dehiscence, infection, abscess)	Intra	Post Mile	
For each adverse event, please tick one box from each category Nature of adverse event Bleeding-related (bleeding, haematoma) Infection-related (wound dehiscence, infection, abscess) Insufficient skin removal (partial circumcision)	Intra	Post Mile	
For each adverse event, please tick one box from each category Nature of adverse event Bleeding-related (bleeding, haematoma) Infection-related (wound dehiscence, infection, abscess) Insufficient skin removal (partial circumcision) Other	Intra	Post Mile	
Nature of adverse event Bleeding-related (bleeding, haematoma) Infection-related (wound dehiscence, infection, abscess) Insufficient skin removal (partial circumcision) Other If other, specify:	Intra	Post Mile	
Nature of adverse event Bleeding-related (bleeding, haematoma) Infection-related (wound dehiscence, infection, abscess) Insufficient skin removal (partial circumcision) Other If other, specify:	Intra	Post Mild	



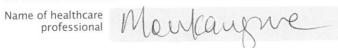
CAPTURED

PATIENT FOLLOW-UP FORM FOR MM & AND AY 2019 OR ADVERSE EVENTS



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Folder no. 57 R - 0066	Date	08056				
First name(s) Koketso	Surname	Mahlan	gu			
Phone 082 - 222 - 286	Date of birth	0504	200	4		
PATIENT FOLLOW-UP						
Follow-up observation occurred	Partial circumcision			0 /		
Client circumcised at other facility	Name of facility	Dr May	Kangus	e Medi	shell	
CIRCUMCISION OUTCOME						
Complete circumcision χ	Partial circumcision					
FOLLOW-UP QUESTION						
Does the client experience any symptoms during urination?	Y	X				
Is there a current problem with the appearance of the penis?	Y	×				
Did the client have sex between time of surgery and today?	Y	×				
Comments:						
ADVERSE EVENTS						
For each adverse event, please tick one box from each category						
Nature of adverse event	Timing of adverse event		Severity of adverse event			
	Intra -operative	Post -operative	Mild	Moderate	Severe	
Bleeding-related (bleeding, haematoma)						
Infection-related (wound dehiscence, infection, abscess)						
Insufficient skin removal (partial circumcision)						
Other						
If other, specify:						
TREATMENT PROVIDED					-	

AUTHORISATIONS



Signature of healthcare professional





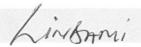
CAPTURE: PATIENT FOLLOW-UP FORM FOR MMC AND / OR ADVERSE EVENTS 22 MAY 2019



First name(s) Sibule le Phone Phone Partient Follow-up Follow-up observation occurred Client circumcised at other facility Name of facility Partial circumcision Name of facility Partial circumcision Partial circumcision Follow-up Question Poes the client experience any symptoms during urination? Is there a current problem with the appearance of the penis?	150
PATIENT FOLLOW-UP Follow-up observation occurred Client circumcised at other facility Name of facility CIRCUMCISION OUTCOME Complete circumcision Partial circumcision Partial circumcision FOLLOW-UP QUESTION Does the client experience any symptoms during urination? Is there a current problem with the appearance of the penis?	15/5
Partial circumcision Client circumcised at other facility CIRCUMCISION OUTCOME Complete circumcision FOLLOW-UP QUESTION Does the client experience any symptoms during urination? Is there a current problem with the appearance of the penis?	150
CIRCUMCISION OUTCOME Complete circumcision Partial circumcision FOLLOW-UP QUESTION Does the client experience any symptoms during urination? Is there a current problem with the appearance of the penis?	150
CIRCUMCISION OUTCOME Complete circumcision Partial circumcision FOLLOW-UP QUESTION Does the client experience any symptoms during urination? Is there a current problem with the appearance of the penis?	150
Complete circumcision Partial circumcision FOLLOW-UP QUESTION Does the client experience any symptoms during urination? Is there a current problem with the appearance of the penis?	,
FOLLOW-UP QUESTION Does the client experience any symptoms during urination? Is there a current problem with the appearance of the penis?	
Does the client experience any symptoms during urination? Is there a current problem with the appearance of the penis? Y Y	
Is there a current problem with the appearance of the penis?	
Did the client have sex between time of surgery and today?	
Comments:	
ADVERSE EVENTS	
For each adverse event, please tick one box from each category Nature of adverse event Timing of adverse event Severity of adverse	o ovent
Nature of adverse event Timing of adverse event Severity of adverse event Intra Post Mild Moderate operative operative	
Bleeding-related (bleeding, haematoma)	
Infection-related (wound dehiscence, infection, abscess)	
Insufficient skin removal (partial circumcision)	
Other	
If other, specify:	
TREATMENT PROVIDED	

AUTHORISATIONS

Name of healthcare professional

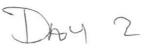


Signature of healthcare professional



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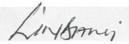
PATIENT FOLLOW-UP FORM FOR MMC AND / OR ADVERSE EVENTS 2 2 MAY 2019



Folder no. 57201-11-189	Date	22111	201	8	
First name(s)	Surname	Mch.	Nu		
Phone	Date of birth	3008	199	3	
PATIENT FOLLOW-UP					
Follow-up observation occurred	Partial circumcision				1.
Client circumcised at other facility	Name of facility	Butter	WOR	MIS	HSD
CIRCUMCISION OUTCOME					
Complete circumcision	Partial circumcision				
FOLLOW-UP QUESTION					
Does the client experience any symptoms during urination?	Y	XX			
Is there a current problem with the appearance of the penis?	Y	\swarrow			
Did the client have sex between time of surgery and today?	Y	Y			
Comments:					
ADVERSE EVENTS For each adverse event, please tick one box from each category					
Nature of adverse event	Timing of adve	rse event	Severity	of adverse e	vent
	Intra -operative	Post -operative	Mild	Moderate	Severe
Bleeding-related (bleeding, haematoma)					
Infection-related (wound dehiscence, infection, abscess)					
Insufficient skin removal (partial circumcision)					
Other					
If other, specify:					
TREATMENT PROVIDED					

AUTHORISATIONS

Name of healthcare professional



Signature of healthcare professional



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DAY 2

CAPTURED

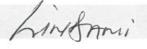
PATIENT FOLLOW-UP FORM FOR MMC AND 2/2 MAY 2019
OR ADVERSE EVENTS



Folder no. ST2011-1118	Date	2211	2014	\mathbb{Z}	
First name(s) Chayalethemba	Surname	Sike	ukul	9	
Phone	Date of birth	1003	190	18	
PATIENT FOLLOW-UP					
Follow-up observation occurred	Partial circumcision				t
Client circumcised at other facility	Name of facility	Butter	wort	TH T	15/
CIRCUMCISION OUTCOME					1
Complete circumcision	Partial circumcision				
FOLLOW-UP QUESTION					
Does the client experience any symptoms during urination?	Y	M			
Is there a current problem with the appearance of the penis?	Y	80			
Did the client have sex between time of surgery and today?	Y	\mathcal{M}			
Comments:					
ADVERSE EVENTS					
For each adverse event, please tick one box from each category					
Nature of adverse event	Timing of adve	rse event	Severity of adverse event		
	Intra -operative	Post -operative	Mild	Moderate	Severe
Bleeding-related (bleeding, haematoma)					
Infection-related (wound dehiscence, infection, abscess)					
Insufficient skin removal (partial circumcision)					
Other					
If other, specify:					
TREATMENT PROVIDED					
TREATMENT PROVIDED					

AUTHORISATIONS

Name of healthcare professional



Signature of healthcare professional



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