



Folder no. MU7015

Date 06052019

First name(s) Dan

Surname Kutymela

Phone 081 - 503 - 7161

Date of birth 10122002

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 ☒ N

Is there a current problem with the appearance of the penis? ☐ Y ☒ N

Did the client have sex between time of surgery and today? ☐ Y ☒ N

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
<input type="checkbox"/> Bleeding-related (bleeding, haematoma)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Infection-related (wound dehiscence, infection, abscess)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Insufficient skin removal (partial circumcision)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If other, specify:

TREATMENT PROVIDED

Paracetamol

AUTHORISATIONS

Name of healthcare professional DR M ISHORA

Signature of healthcare professional



Folder no. STR-0066

Date 08052019

First name(s) Koketso

Surname Mahlangu

Phone 082 - 222 - 2861

Date of birth 05042004

PATIENT FOLLOW-UP

Follow-up observation occurred ☒

Partial circumcision ☐

Client circumcised at other facility ☐

Name of facility Dr Mankangwe Medishell

CIRCUMCISION OUTCOME

Complete circumcision ☒

Partial circumcision ☐

FOLLOW-UP QUESTION

Does the client experience any symptoms during urination?

☐ Y

☒ N

Is there a current problem with the appearance of the penis?

☐ Y

☒ N

Did the client have sex between time of surgery and today?

☐ Y

☒ N

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
<input type="checkbox"/> Bleeding-related (bleeding, haematoma)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Infection-related (wound dehiscence, infection, abscess)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Insufficient skin removal (partial circumcision)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If other, specify:

TREATMENT PROVIDED

Panado

AUTHORISATIONS

Name of healthcare professional

Mankangwe

Signature of healthcare professional

Mankangwe

Day 2

CAPTURED

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

22 MAY 2019



Code F00028309

Folder no. ST201-11-1816

Date 22/11/2018

First name(s) Sibulele

Surname Duvolele

Phone [] [] [] - [] [] [] - [] [] [] []

Date of birth 04/08/1999

PATIENT FOLLOW-UP

Follow-up observation occurred ☒

Partial circumcision ☐

Client circumcised at other facility ☐

Name of facility Butterworth Hsp

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 adverse event

Severity of adverse event

	Intra-operative	Post-operative	Mild	Moderate	Severe
<input type="checkbox"/> Bleeding-related (bleeding, haematoma)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Infection-related (wound dehiscence, infection, abscess)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Insufficient skin removal (partial circumcision)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If other, specify: _____

TREATMENT PROVIDED

AUTHORISATIONS

Name of healthcare professional

Limbami

Signature of healthcare professional

[Signature]

Day 2

CAPTURED

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

22 MAY 2019



Code F00028308

Folder no. ST201-11-18F

Date 22/1/2018

First name(s) Siphomianana

Surname Mchunu

Phone [] [] [] - [] [] [] - [] [] []

Date of birth 30081995

PATIENT FOLLOW-UP

Follow-up observation occurred ☒

Partial circumcision ☐

Client circumcised at other facility ☐

Name of facility Butterworth Hsp

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 adverse event

Severity of adverse event

	Intra-operative	Post-operative	Mild	Moderate	Severe
<input type="checkbox"/> Bleeding-related (bleeding, haematoma)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Infection-related (wound dehiscence, infection, abscess)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Insufficient skin removal (partial circumcision)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If other, specify: _____

TREATMENT PROVIDED

AUTHORISATIONS

Name of healthcare professional

Limbani

Signature of healthcare professional

[Signature]

Day 2

CAPTURED

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

22 MAY 2019



Folder no.

ST201-11-181

Date

22/11/2018

First name(s)

Khayaletumba

Surname

Sikukula

Phone

000 - 000 - 0000

Date of birth

10/03/1998

PATIENT FOLLOW-UP

Follow-up observation occurred

☒

Partial circumcision

☐

Client circumcised at other facility

☐

Name of facility

Butterworth Hsp

CIRCUMCISION OUTCOME

Complete circumcision

☒

Partial circumcision

☐

FOLLOW-UP QUESTION

Does the client experience any symptoms during urination?

☐ Y

☒ NO

Is there a current problem with the appearance of the penis?

☐ Y

☒ NO

Did the client have sex between time of surgery and today?

☐ Y

☒ NO

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

- ☐ Bleeding-related (bleeding, haematoma)
- ☐ Infection-related (wound dehiscence, infection, abscess)
- ☐ Insufficient skin removal (partial circumcision)
- ☐ Other

Intra-operative

Post-operative

Mild

Moderate

Severe

☐
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☐

If other, specify:

TREATMENT PROVIDED

AUTHORISATIONS

Name of healthcare professional

Livingami

Signature of healthcare professional

[Signature]