



Office
use
Only

Weight: _____

Time In: _____

Topical: _____ Freezing: _____

Time Out (Discharge): _____

Cultural Cosmetic Religious Ritual

BABY INFORMATION

DATE: _____

BABY'S LAST NAME: _____

BABY'S FIRST NAME: _____

DATE OF BIRTH M|D|Y: _____

OHIP NUMBER IF AVAILABLE: _____

PARENT INFORMATION

PARENT/GUARDIAN NAME _____

PARENT/GUARDIAN NAME _____

ADDRESS: _____

CITY: _____

POSTAL CODE: _____

HOME PHONE: _____

PREF. CONTACT (if different): _____

EMAIL: _____

MEDICAL HISTORY

Has the baby had any medical or bleeding problems, or blood loss, since birth?

Does your family have any history of bleeding problems?

YES

NO

If yes, describe: _____

Were there any significant problems for baby or mother during delivery?

YES

NO

If yes, describe: _____

Please list any medications your son is taking?

NAME

DOSAGE

NAME

DOSAGE

CONTACT INFORMATION PLEASE COMPLETE IN AS MUCH DETAIL AS YOU CAN:

FAMILY PHYSICIAN: _____ ADDRESS / PHONE NUMBER _____

REFERRING PHYSICIAN: _____ ADDRESS / PHONE NUMBER _____

OBSTETRICIAN or DELIVERY DOCTOR: _____ ADDRESS / PHONE NUMBER _____

DOULAH / MIDWIFE: _____ ADDRESS / PHONE NUMBER _____

PRENATAL INSTRUCTOR: _____ ADDRESS / PHONE NUMBER _____

LIST ANY HEALTH CARE PROFESSIONALS OTHER THAN ABOVE: _____ ADDRESS / PHONE NUMBER _____

CIRCUMCISION CONSENT: (please initial)

We have carefully considered the risks and benefits of this procedure and have discussed them with our family physician or other healthcare professional prior to seeing Dr. Sing.

We understand that we are making a consent by proxy for our infant for a non-therapeutic procedure. By signing this form, we have given our consent to this procedure as parents of this child.

We understand that if one parent is not present, we must still show written consent from that parent acknowledging that there is agreement from both parents to proceed with the procedure.

We understand that complications after circumcision can occur, although the frequency varies with the skill and experience of the doctor, and are infrequent in Dr.Sing's practice. Complications include:

Significant post-op bleeding (1 in 400)

Phimosis or narrowing of the shaft-skin opening over the head of the penis (1 in 500)

Buried or trapped penis in the abdomen (1 in 800)

Infection requiring antibiotics (1 in 1000)

Meatal stenosis or narrowing of the urethra (1 in 1000)

Sub-optimal cosmetic outcome (1 in 500)

Trauma to the head of the penis (1 in 40 000)

Injury to the urethra including urethro-cutaneous fistula (1 in 1000)

More serious complications including death (1 in 1 000 000)

We confirm that we have not given any anti-inflammatory medications to our son within the last 7 days. Examples: ADVIL, IBUPROFEN, ASPIRIN, MOTRIN, etc.

PARENT/GUARDIAN #1 SIGNATURE

DATE

PARENT/GUARDIAN #2 SIGNATURE

DATE

WITNESS' SIGNATURE

DATE