



PLEASE COMPLETE THE FOLLOWING:

Date:

Baby's last name:

Baby's first name:

Date of birth:

Address:

Tel. no:

Mother's name:

Father's name:

Family Doctor:

Delivery Doctor:

Referring Doctor:

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

Is there any history of bleeding problems in baby's family?

If YES; please explain here in writing, and advise Dr. Crouse and /or office staff right away:

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FOLLOW UP:

Date:

Parents have reported: No concerns

Parents have concerns of:.....

Parents did not follow up:



Circumcision consent form

I have carefully considered the risks and benefits of this procedure and have discussed this with my family doctor or pediatrician or other health care professional prior to coming to see Dr Crouse.

I understand that I am making consent by proxy for my infant for a non therapeutic procedure. In signing this I have present my own consent to this procedure as a parent of this child and as well if the other parent is not present I have presented a written consent from them acknowledging there is consent from both parents to proceed with this procedure.

I agree to have my son circumcised by Dr. Pierre Crouse. In signing this consent form I am stating that the risks and complications of this procedure have been explained to me.

Rare complications that can happen:

- . Significant post-op bleeding requiring medical attention of any kind (1/400)
- . Phimosis or narrowing of the shaft skin opening over the head of the penis requiring medical intervention (1/500)
- . Buried or trapped penis i.e. penis gets partially buried in the abdomen and requires medical intervention (1/800)
- . Infection requiring antibiotics (1/1000)
- . Meatal stenosis-narrowing of the urethra requiring medical intervention (1/1000)
- . Trauma to the head of the penis is possible.

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Father's signature

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Date

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Mother's signature

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Date

.....
Witness' signature

.....
Date