



For office use only:
Panadol... [] Booklet ... []
Freezing/Numbing Cream... []

INFANT CIRCUMCISION REGISTRATION FORM | Part 1 of 2

BABY INFORMATION

Date: _____

BABY'S FIRST NAME

BABY'S LAST NAME

DATE OF BIRTH DD/MM/YYYY

MEDICARE CARD NUMBER
(IF AVAILABLE)

HEALTHCARE CARD NUMBER
(IF AVAILABLE)

PARENT INFORMATION

PARENT 1 FIRST NAME

PARENT 1 LAST NAME

DATE OF BIRTH DD/MM/YYYY

MEDICARE CARD NUMBER
(IF AVAILABLE)

HEALTHCARE CARD NUMBER
(IF AVAILABLE)

PARENT 2 FIRST NAME

PARENT 2 LAST NAME

DATE OF BIRTH DD/MM/YYYY

MEDICARE CARD NUMBER
(IF AVAILABLE)

HEALTHCARE CARD NUMBER
(IF AVAILABLE)

RESIDENTIAL ADDRESS

SUBURB

POST CODE

HOME PHONE

MOBILE NUMBER

EMAIL

MEDICAL HISTORY

Yes No

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

Does your family have any history of bleeding problems? [] []

If yes, describe:

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

Were there any complications for baby before or after delivery? [] []

If yes, describe:

Does the baby have any allergies? [] []

If yes, describe:

MEDICATIONS

Please list any medications your son is taking: *(name/dosage)*

CONTACT INFORMATION — PLEASE COMPLETE IN AS MUCH DETAILS AS YOU CAN:

FAMILY DOCTOR (GP)

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 doctor or other healthcare professional prior to seeing Dr. Mohammad Sharier.
- 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 the parent acknowledging that there is agreement from both parents to proceed with the procedure.
- We understand that only one parent will be allowed in the procedure room.
- We understand that taking photos or videos is not permitted in the procedure room.
- We understand that complications after circumcision can occur, although the frequency varies with skill and experience of the doctor, and are infrequent in Dr. Mohammad Sharier's practice. Complications may include:
 - Significant post-op bleeding (1/400)
 - Phimosis or narrowing of the shaft-skin opening over the head of the penis (1/500)
 - Buried or trapped penis in the abdomen (1/800)
 - Infection requiring antibiotics (1/1,000)
 - Meatal stenosis or narrowing of the urethra (1/1,000)
 - Sub-optimal cosmetic outcome (1/500)
 - Trauma to the head of the penis (1/40,000)
 - Injury to the urethra including urethra-cutaneous fistula (1/1,000)
 - More serious complications including death (never in this practice)
- We confirm that we have not given any anti-inflammatory medications to our son within the last 7 days. Examples: ADVIL, IBUPROFEN, ASPIRIN, etc.
- We consent to having pre and post procedure pictures taken for medical record purposes.

PARENT 1 SIGNATURE

DATE

PARENT 2 SIGNATURE

DATE