Consent Form for neonatal circumcision

I am requesting that Dr Plaut performs a non-therapeutic circumcision

(i.e not for any medical reasons) on my son

● By signing this form, I confirm that I have given consent for this procedure

● I understand that where 2 parents have responsibility for the boy named below, both parents must give written consent for this procedure

● I confirm that the adult(s) named below are the only people with legal responsibility for the boy named below

● I understand that complications are rare, but may include the following:

|  |  |
| --- | --- |
| **Complication (see website for more details)** | **Likelihood** |
| Significant post-operative bleeding | <1% |
| Cosmetic issues such as: |  |
| Mucosal adhesion | 4% |
| Skin bridge | 4% |
| Skin tag requiring removal | <1% |
| Narrowing of the shaft skin opening over the head of penis | <1% |
| Infection requiring antibiotics | (0.1%) |
| Meatal stenosis (narrowing of the opening of the urine tube) | (0.1%) |
| Injury to the urethra (tube for urine) | (0.1%) |
| Damage to the head of the penis | Too rare to give accurate estimate |

Figures in brackets are estimates as they have never occurred in Dr Plaut’s practice

Name of child: Date of Birth:

Birth weight: Gestation:

Recent weight: LA volume:

Feeding:

Health issues:

Name of parent: Signature

Date

Name of parent: Signature Date