

Registration Form

Adolescent & Adult Circumcision

Patient Information

Date : _____

Last name First name

Date of birth (mm/dd/yyyy) Care card number (PHN) if available

Address City Postal Code

Home Phone Preferred Contact (if different) Email

Emergency Contact Name Emergency Contact Phone

Medical History

| | Yes | No |
|---|-----------------------|-----------------------|
| Do you have a history of easy bruising? | <input type="radio"/> | <input type="radio"/> |
| Do you have nosebleeds with little or no trauma? | <input type="radio"/> | <input type="radio"/> |
| Have you ever had abnormal or prolonged bleeding after a dental procedure? | <input type="radio"/> | <input type="radio"/> |
| Did you have any medical or bleeding problems, or blood loss, since birth? | <input type="radio"/> | <input type="radio"/> |
| Does your family have any history of bleeding problems or low platelets? | <input type="radio"/> | <input type="radio"/> |
| Do you have any reason to believe that you have low blood pressure, low hemoglobin or low platelets? | <input type="radio"/> | <input type="radio"/> |
| Have you ever experienced fainting after an injection or medical procedure? | <input type="radio"/> | <input type="radio"/> |
| Have you ever been bothered by a tight band on the under surface of the head of your penis that causes pain or bleeding during sex? | <input type="radio"/> | <input type="radio"/> |
| If you haven't had a previous vasectomy, have you ever considered having one? | <input type="radio"/> | <input type="radio"/> |

If you answered yes to any question above, please describe

Please list any medications you are taking (name/dosage)

Physician Information

Family Physician Address Phone

Referring Physician Address Phone

Consent Form

Adolescent & Adult Circumcision

I have carefully considered the risks and benefits of this procedure as outlined in the manual and on the website prior to seeing Dr. Pollock or Dr. Chang.

I understand that Dr. Pollock or Dr. Chang are one of the few doctors offering circumcision on adults under local anesthesia and they have explained to me this new approach.

I understand that the potential benefits of circumcision include:

- Improved hygiene
- Reduced risk of urinary tract, bladder and kidney infections
- Reduced risk of phimosis (tightening of the foreskin from prolonged inflammation)
- Reduced risk of prostate cancer
- Reduced risk of penile cancer
- Reduced risk of HIV/AIDS
- Reduced risk of cervical cancer in woman (man's partner)

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

- Significant post-op bleeding (1/1,000)
- Injury to the urethra – Urethro Cutaneous Fistula (1/3,000)
- Phimosis or narrowing of the shaft-skin opening over the head of the penis (1/1,000)
- More serious complications including death (never in our practice) (1/1,000,000)
- Buried or trapped penis in the abdomen (1/3,000)
- Pain during and after sex post op (1/1,000)
- Infection requiring antibiotics (1/3,000)
- Tightness or painful scar at the incision site post op, which may be long-term (1/2,000)
- Meatal stenosis or narrowing of the urethra (1/10,000)
- Increased or decreased sensation to the penis (1/1,000)
- Sub-optimal cosmetic outcome (1/500)
- Trauma to the head of the penis (1/40,000)
- Tight frenulum requiring frenulectomy (1/3,000)

I understand that it may be necessary for Dr. Pollock or Dr. Chang to use some or all of the following modalities to stop any bleeding should it occur:

- Pressure dressings
- Bipolar cautery
- Skin glue
- Suturing

I understand that Dr. Pollock and Dr. Chang are de-enrolled from MSP. Therefore patients are billed directly for their privatized service.

I confirm that I have not taken any anti-inflammatory medications in the last 7 days. Examples: Advil, Ibuprofen, Aspirin, Motrin, etc.

Name

Date

Signature