

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

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- ☐ 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, Dr. Chang or Dr. Goldstein.
- ☐ I understand that Dr. Pollock, Dr. Chang and Dr. Goldstein 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 phimosi (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, Dr. Chang's or Dr. Goldstein's practice. Complications may include:
- Significant post-op bleeding (1/1,000)
 - Phimosi or narrowing of the shaft-skin opening over the head of the penis (1/1,000)
 - Buried or trapped penis in the abdomen (1/3,000)
 - Infection requiring antibiotics (1/3,000)
 - Meatal stenosis or narrowing of the urethra (1/10,000)
 - Sub-optimal cosmetic outcome (1/500)
 - Trauma to the head of the penis (1/40,000)
 - Injury to the urethra – Urethro Cutaneous Fistula (1/3,000)
 - More serious complications including death (never in our practice) (1/1,000,000)
 - Pain during and after sex post op (1/1,000)
 - Tightness or painful scar at the incision site post op, which may be long-term (1/2,000)
 - Increased or decreased sensation to the penis (1/1,000)
 - Tight frenulum requiring frenulectomy (1/3,000)
- ☐ I understand that it may be necessary for Dr. Pollock, Dr. Chang or Dr. Goldstein to use some or all of the following modalities to stop any bleeding should it occur:
- Pressure dressings
 - Skin glue
 - Bipolar cautery
 - Suturing
- ☐ I understand that Dr. Pollock, Dr. Chang and Dr. Goldstein 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