

Registration Form

Infant & Child Circumcision

Child Information

Date : _____

First and Last Name	Date of birth	Care card number (PHN) if available
---------------------	---------------	-------------------------------------

Parent Information

Parent 1 - First and Last Name	Date of birth	Care card number (PHN) if available
--------------------------------	---------------	-------------------------------------

Parent 2 - First and Last Name	Date of birth	Care card number (PHN) if available
--------------------------------	---------------	-------------------------------------

Address	City	Postal Code
---------	------	-------------

Home Phone	Preferred Contact (if different)	Email
------------	----------------------------------	-------

Medical History

	Yes	No
Is your child on iron supplementation? (If yes, we require the most recent blood work as part of your registration to ensure your son is prepared for circumcision)	<input type="radio"/>	<input type="radio"/>
Has your child had any medical or bleeding problems or blood loss, since birth? Does your family have any history of bleeding problems or low platelets? Do you have any reason to believe that your son has low blood, low platelets or low hemoglobin?	<input type="radio"/>	<input type="radio"/>
Were there any significant problems for the child or mother when the child was born?	<input type="radio"/>	<input type="radio"/>

If you answered yes to any question above, please describe

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

If breastfeeding, please list any medications you are taking (name/dosage), including aspirin (ASA), anticoagulants (warfarin), or anti-inflammatories (NSAIDS) such as ibuprofen, Advil, Motrin, Aleve, etc. Nursing mothers must not take any of the above for three days before and three days after the infant circumcision procedure.

Contact Information

Family Physician	Address	Phone
------------------	---------	-------

Referring Physician	Address	Phone
---------------------	---------	-------

Obstetrician / Delivery Physician	Address	Phone
-----------------------------------	---------	-------

Doula / Midwife / Prenatal Instructor	Address	Phone
---------------------------------------	---------	-------

☐ We 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.

☐ We understand that according to the Canadian Paediatric Society, infant male circumcision is not recommended as a routine therapeutic procedure. However, after evaluation of all the current evidence, the American Academy of Pediatrics believes the health benefits outweigh the risks.

☐ We understand that we are making a consent by proxy for our son for a non-therapeutic procedure. By signing this form, we have given our consent to this procedure as parents of this child to be performed by Dr. Pollock, Dr. Chang, or Dr. Goldstein.

☐ We understand that if one parent is not present, we must still show written consent from that parent acknowledging that there is agreement from both parents to proceed with the procedure. Please use the ABSENT PARENT CONSENT FORM available at pollockclinics.com/circumcision/patient-manuals/

☐ We understand that the potential benefits of circumcision include :

<ul style="list-style-type: none">• Improved hygiene• Reduced risk of urinary tract, bladder and kidney infections• Reduced risk of phimosis (tightening of the foreskin from prolonged inflammation)	<ul style="list-style-type: none">• 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)
---	---

☐ We understand that complications after circumcision can occur, but are infrequent in Dr. Pollock, Dr. Chang, or Dr. Goldstein's practice. Complications may include :

<ul style="list-style-type: none">• Significant post-op bleeding (1/500)• Phimosis or narrowing of the shaft-skin opening over the head of the penis (1/500)• Buried penis in the abdomen (1/500)• Infection requiring antibiotics (1/3,000)• Meatal stenosis or narrowing of the urethra (1/3,000)• Sub-optimal cosmetic outcome (1/500)	<ul style="list-style-type: none">• 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)• Tightness or painful scar at the incision site post op, which may be long-term (1/3,000)
--	--

☐ We understand that we must not have given any anti-inflammatory medications to our son in the 7 days before the procedure. Examples: ADVIL, IBUPROFEN, ASPIRIN, MOTRIN, etc.

☐ We understand that we should give our son one ml of infant Tylenol one hour before his appointment.

☐ As Pollock Clinics is an academic training institution recognized around the world, we may have visiting circumcision providers who come to train with us in our unique technique or to refine their skills from time to time. If this is the case, Dr. Chang, Dr. Pollock or Dr. Goldstein will be hands-on and gloved and as a result there has been no history of increased risk of complications. If you for any reason you are not comfortable with this, please let us know during booking and we will make a note of it on your file.

☐ We understand that two business days notice is required to change the appointment without paying the full amount as a cancellation fee. If we do not show up for the appointment the same cancellation fee applies.

☐ We have carefully reviewed the Release of Liability, Waiver of all Possible Claims and Assumption of Risk related to COVID-19 and acknowledge that we fully understand the terms as set out on the COVID-19 Release. We acknowledge that we are accepting this Release of Liability, Waiver of all Possible Claims and Assumption of Risk voluntarily.

Parent 1 Signature

Date

Parent 2 Signature

Date