



**PRIVATE CIRCUMCISION SERVICE PERSONAL DETAILS FORM**

**Please ensure all of this form is completed**

**NHS Number of Baby.....**

**Baby:**

**First name: ..... Surname: ..... Date of birth: .....**

**Ethnicity: ..... Religion: .....**

**Mother's Name: ..... DOB .....**

**Father's Name ..... DOB .....**

**Address: .....**

**Post code ..... Telephone number: .....**

**Do both parents agree to the circumcision?      YES      NO**

**Form completed by: ..... Relationship to baby: .....**

GP Practice Name .....

G.P Telephone number .....

**HEALTH ASSESSMENT – parents to fill in**

Was baby born at    Full term                                  Premature (how many weeks) .....

Any known allergies?                  No                                  Yes        Details of the allergy .....

Has you baby had a BCG vaccine?    No                                  yes        Date given: .....

Has your baby had any immunisations in the last 7 days? .....

Does your baby have an appointment in the next 7 days for immunisations? .....

Medical History: does your baby have any bleeding, cardiac and or respiratory disorder(s) or under the care of a hospital doctor for any other health condition .....

Does your baby take any regular prescribed medication? .....

Family history of any bleeding disorder e.g sickcell anaemia, Haemophilia, Thalasaemia

Have you ever been advised that Circumcision would be unsuitable for your baby: .....

Do you agree to us adding data onto your baby's medical records relating to the circumcision procedure?    Yes                                  No

Do you agree to us sharing details of the circumcision with your registered GP?    Yes                                  No