GLASGOW Circumcision Clinic

CLINICAL NOTES

Name: _____

Date of birth and gestation: _____

Place of birth (Hospital): _____

Father's name: _____

Mother's name: _____

Home address: _____

_____

_____

Postcode: _____

Home telephone number: _____

Mobile telephone number: _____

Registered GP address: _____

_____

_____

Clinical Information

	Yes	No
Fit and healthy?	☐	☐
Problems at birth?	☐	☐
Jaundice?	☐	☐
Vomiting?	☐	☐
Respiratory problems?	☐	☐
Weight increasing?	☐	☐
Bleeding disorder?	☐	☐
Awaiting tests?	☐	☐
Medication?	☐	☐
Alergies?	☐	☐

Do any family members have a bleeding disorder?

	Yes	No
Father?	☐	☐
Mother?	☐	☐
Siblings?	☐	☐

Please provide any further medical information you think we may need to know prior to this procedure.

_____

_____

_____

_____

_____

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