



**Ashton View Medical Centre** 7 Ashton View, Leeds, LS8 5BS Telephone 0113 295 3880

## **Leeds Circumcision Service**

Dear Parents,

Please fully complete this form and submit it as **soon as possible**.

Due to high demand for this service we are unable to guarantee an appointment for your baby's circumcision.

Throughout the year Dr Wong may take a holiday. When this occurs we will not be able to accept referrals for circumcision.

On receiving your completed form please allow 2-3 weeks for us to respond.

Dr Y F S Wong  
Ashton View Medical Centre



## Leeds Circumcision Service Personal Details Form

Please ensure all of this form is completed

Date of Referral...../...../.....

Name of Referrer: (who told you of this service)    Self            GP            Health visitor            Midwife    Haamla Service

NHS Number of Baby.....

Baby's name:.....Date of birth:.....

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

Mother's Name ..... DOB .....

Father's Name .....

Address: .....

Postcode :..... Telephone number :.....

Do both parents agree to the circumcision: (circle)    Yes            No

GP Name:.....GP Practice Name.....

Telephone number: .....

Fax number.....

**Please Turn Over**

## Health Assessment

Was baby born at: Full term Premature (how many weeks) ..... Gaining Weight: Yes No

Allergies: Yes No

If yes what: .....

BCG given: Yes No If yes date given: .....

Details: .....

Family history any bleeding disorder: Yes No

If yes give details: .....

Any health worries: Yes No If yes give details:.....

**OFFICE USE ONLY** Date enquiry received: ...../...../..... Age 12 weeks on:...../.....

Appointment made for:...../...../.....

Time:.....

Parent: Cancelled DNA Attended If No, were parents contacted and new appointment given: Yes No

Please return this form to:

**Ashton View Medical Centre**

7 Ashton View, Leeds LS8 5BS

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