



GTA Circumcision
531 Atkinson Avenue, Unit 17
Thornhill, Ontario
L4J 8L7
Phone: 905-771-1779 Fax: 905-762-1840
Email: info@gtacircumcision.com

Reason for Referral:

- Neonatal/Infant Circumcision (up to 6 weeks of age)
- Neonatal/Infant Circumcision Consultation
- Prenatal Circumcision Consultation (Pregnant Patients)

GTA Circumcision - Clinic Referral Form

****PLEASE DO NOT EMAIL THIS FORM OR INCLUDE PATIENT INFORMATION IN EMAIL****

Patient Information

Infant Name	
Date of Birth	
OHIP Number	
Current Weight (Kg)	
Parent/Guardian Name	
Relationship to Infant	
Primary Contact #	
Alternate Contact #	
Email	

Referring Provider Information

MD/Midwife/NP Name	
Clinic/Office Name	
Address	
Phone	
Fax	
Email	
OHIP Billing Number	
Date of Referral	

Clinical Information

Indication for Circumcision

- Non-Ritual Circumcision
- Ritual Circumcision (Bris/Brit Milah)

Bleeding Disorder History

- No
- Yes (please specify):

History of Jaundice Requiring Treatment or Follow-Up

- No
- Yes (please specify):

Congenital/Penile Anomalies

- No
- Yes (please specify):

Note: Infants with certain penile anomalies are generally not candidates for elective circumcision.

Any Current Medications? (Infant)

- No
- Yes (please specify):

Any Allergies? (Infant)

- No
- Yes (please specify):

Additional information/Notes (ie. Medical Conditions or History of Prematurity):

Signature

Referring Provider Signature: _____

Date: _____