

Patient Name:
 Address:
 Date of Birth:
 NHS Number
 Consultant/Service to whom referral will be made:

Please send this form with the referral letter.

Male Circumcision

Instructions for use:

Please refer to policy for full details.

Primary Care clinicians need to complete the checklist and submit with referral via eRS /
 Secondary Care complete the checklist and file for future compliance audit.

The SY ICB will only fund male circumcision when the following criteria are met:

<i>In ordinary circumstances*, referral should not be considered unless the patient meets one or more of the following criteria.</i>	Delete as appropriate	
Phimosis (inability to retract the foreskin due to a narrow prepuce ring) or recurrent paraphimosis (inability to pull forward a retracted foreskin)	Yes	No
Balanitis Xerotica Obliterans (chronic inflammation leading to a rigid fibrous foreskin)	Yes	No
Balanoposthitis (recurrent bacterial infection of the prepuce).	Yes	No
Recurrent febrile urinary tract infections due to an anatomical abnormality as confirmed by a secondary care Consultant e.g. Urologist, Paediatrician	Yes	No

**If clinician considers need for referral/treatment on clinical grounds outside of these criteria, please refer to the Individual Funding Request policy for further information. If patient meets the above criteria then prior approval is not required.*

This policy does not apply to:

- Penile malignancy. Use the 2ww cancer referral pathway
- Traumatic injury where the foreskin cannot be salvaged