

Intact Care Agreement for Healthcare Providers

This agreement is between Provider(s) to my/our son, guardian(s),	, and his parent(s)/legal
This document exists as a preventative measure. It is not m my/our wishes and concerns to all healthcare providers who	
In providing health care for the above-named person, the h	ealthcare provider(s) listed above acknowledge(s):
This child is NOT circumcised. Since routine infant circur recommended by any pediatric or other major medical orga intentional choice to keep him intact.	
The intact penis of a child should not be retracted. The seen" and to wipe the outside of the penis like you would a • The foreskin is fused to the glans of the developing	finger.
 infancy/childhood.¹ The average age of foreskin retraction is approximation natural rise in adolescent hormones and self-explorements. The foreskin is self-cleaning prior to sexual maturity the boy himself.⁴ 	
 Forced retraction can result in irreparable damage resulting in iatrogenic adhesions, bleeding, infection 	
Pathological phimosis is not a valid diagnosis in prepuretractability. True phimosis can only be diagnosed when man is unable to retract his foreskin and feels discomfort digentle stretching exercises can be prescribed before resort only necessary for hygiene in an older boy/teen/man who haintain proper hygiene in children whose foreskins are no retraction can cause damage and harm.	a child is unable to pass urine or a post-pubescent uring sexual activity. Even then, a steroid cream and ing to circumcision. FRetraction of the foreskin is as retracted himself. It is never needed in order to
"I have read the above information and fully understand wh will adhere to the above guidelines. If I do not, I will be guilt parent(s), and putting a child at risk for damage and infection	y of forced retraction, violating the instructions of the
Healthcare Provider Signature:Parent(s) Signature(s):	Date: Date:

Arey L. Developmental anatomy, 4th edn. Philadelphia. W B Saunders, 1941:301

Dunn HP. Non-surgical management of phimosis. Aust N Z J Surg 1989;59(12):963
 Orsola A, Caffaratti J, Garat JM. Conservative treatment of phimosis in children using a topical steroid. Urology 2000;56(2):307-10



Your Whole Baby, 501(c)(3)



² Kayaba H., et al. (1996). Analysis of shape and retractability of the prepuce in 603 Japanese boys. J Urol, 156(5), 1813-5. The authors found that by ages 8-10, only 42% of boys were retractable, and by 11-15, this had increased to 62.9%.

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Beaugé M. The causes of adolescent phimosis. Br J Sex Med 1997; Sept/Oct: 26