

Written consent for transvaginal pelvic ultrasound

FOR THE PATIENT

In signing this form you are giving written consent to have a transvaginal pelvic ultrasound.

Name _____

Address _____

Date of birth _____

Consent

<ul style="list-style-type: none"> I have been given verbal or written information about what is involved in the scan and the reason for performing the scan in a format which I understand. 	<input type="checkbox"/>
<ul style="list-style-type: none"> I have been provided the opportunity to have any questions answered to my satisfaction 	<input type="checkbox"/>
<ul style="list-style-type: none"> I understand I have the right to change my mind at any time after signing this form, preferably following discussions with the sonographer/radiologist/referring doctor 	<input type="checkbox"/>
<ul style="list-style-type: none"> I give my consent to have the transvaginal ultrasound performed 	<input type="checkbox"/>
<ul style="list-style-type: none"> I understand what the transvaginal ultrasound scan involves, including why it is necessary, but do not give my consent to have the transvaginal ultrasound performed. <i>Note to patient: if you decline the scan, it is recommended that you talk about this with your referring doctor</i> 	<input type="checkbox"/>

Other information (please talk to your sonographer if you are unsure or have any questions about the questions below)

<ul style="list-style-type: none"> Do you have an allergy to latex? If so, a non-latex cover to the ultrasound probe will be used. 	Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure <input type="checkbox"/>
<ul style="list-style-type: none"> A third person may be present during the scan acting as a chaperone, as requested by your sonographer or yourself. Do you request to have a chaperone present? 	Yes <input type="checkbox"/> No <input type="checkbox"/>

Patient name _____ Signature _____ Date _____

Sonographer name _____ Signature _____ Date _____